

Fife Mental Health Strategy

2020 to 2024



“Let’s really raise the bar!”

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Foreword

Since the launch of Fife's Joint Mental Health Strategy, 'What Matters to You?' in 2013, a significant amount of work has been carried out within our mental health and wellbeing support services. From a national perspective, there has been an increased awareness of the importance of having and maintaining good mental health and wellbeing through many keeping well and anti-stigma campaigns, as well as an increased focus from the Scottish Government.

With this in mind, it was acknowledged that the time was right to take stock of the work being done in Fife, to reflect on what has been achieved and to lay out our commitments for the next four years.

Our refreshed Strategy takes full account of the recommendations of the Scottish Government's National Mental Health Strategy (2017 – 2027), which emphasises the need to build capacity within our local communities and reduce the reliance on hospital beds, working with a range of partners to achieve this. Fife's commitment is to embrace an ethos of recovery which is focused on maximising opportunities for people experiencing mental ill health and mental illness and embedding values-based practice into service delivery. We believe in equity of access to support and we are committed to the principles of personalisation, where people can build a meaningful and satisfying life whether they have ongoing or recurring mental health symptoms.

This refreshed Mental Health Strategy for Fife provides an overview of the work currently underway and identifies Fife's seven overarching commitments and associated actions for the next four years, in addition to measuring and evidencing what success looks like for a mentally healthier Fife. The planning, provision, organisation and management of services will be underpinned by high quality person-centred, safe, effective and evidence-based practice; service development and delivery will be reflected in higher standards of service provision.

We would like to thank everyone who contributed to this Strategy, including members of our Mental Health Focus Group (our experts with lived experience), staff from across Health and Social Care, Fife Council, NHS Fife, Police Scotland, our third sector and independent external partners, and those who kindly took part in our engagement event and survey.

This four-year mental health strategy is the next exciting phase of change and improvement in Fife, building on the momentum of the whole system approach to redesign to date. Implementation plans will be drafted to support the seven commitments and, by definition, will be dynamic with checks and balances to ensure delivery.

We will continue to monitor our progress and measure our success to ensure we remain focused on delivering the best possible supports, for people of all ages, across Fife.

The graphics used throughout this document have been provided by Graham Ogilvie (Ogilvie Design). Graham attended our Mental Health Engagement event in May 2018 – the starting point of our Strategy development. Graham sketched during the event, capturing the key messages and themes of those who attended.

What do we mean when we talk about mental health?

In many ways, mental health is just like physical health: everybody has it and we need to take care of it. There are many diagnosed 'mental health' conditions with varying symptoms and severity, ranging from low mood and depression to more severe and enduring mental health conditions such as schizophrenia and bi-polar disorders. Throughout this document we have used the term "mental ill health" or "mental health and wellbeing" to describe the range of mental health related conditions.

*"The absence of mental health problems does not necessarily mean the presence of good mental health. Someone living with a mental health problem can have good mental wellbeing, i.e., living a satisfying, meaningful, contributing life within the constraints of painful, distressing or debilitating symptoms."*¹

Every person sits along different points of a mental health continuum which includes 'mental wellbeing' through to 'mental illness'. As the World Health Organisation suggests above, the presence of a mental illness does not necessarily mean the presence of poor mental wellbeing and the absence of mental illness does not mean that someone is feeling mentally well. Many people experience mental health concerns at some point during their lifetime, which can be addressed through a range of supports from informal family and friends, social connections, meaningful activity, talking



therapies, access to physical activity and/or formal support to manage a significant loss or life event – the list is endless and very much depends on the person. For others, a mental health concern can become a diagnosed mental illness when ongoing signs and symptoms around the way a person understands the world causes significant stress and significantly impacts on a person's ability to function day to day without clinical/medical intervention and/or treatment.

Below are some definitions used to describe the range of mental health conditions and the varying terminology.

Mental health: a state of wellbeing

*Mental health is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.*¹

According to the Mental Health Foundation (2018) - *Being mentally healthy doesn't just mean that*

you don't have a mental health problem. If you're in good mental health, you are in a better position to:

- *make the most of your potential;*
- *cope with your life;*
- *play a full part in your family, workplace, community and among friends.*⁴

*Some people call mental health 'emotional health' or 'wellbeing' and it is just as important as good physical health. Mental health is everyone's business.*⁴

*"Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse".*⁴

Joined up accessible services are particularly important, for example a person may have a learning disability, a diagnosis of autism, or an addiction to alcohol or drugs. Services, therefore, must work across boundaries to truly deliver person centred outcomes which lead to improved mental health and wellbeing for people accessing the range of services and supports available across Fife.

This strategy therefore aims to support all individuals to improve and maintain their mental wellbeing, across the mental health continuum. That is, support people to improve their own mental health and wellbeing through to ensuring that those with enduring mental health difficulties receive high quality, safe, expert clinical and professional care and treatment.

Fife's Vision

Our vision for this refreshed Mental Health Strategy for Fife has been informed by the extensive feedback gathered through engagement and consultation activities carried out during 2018 and 2019:

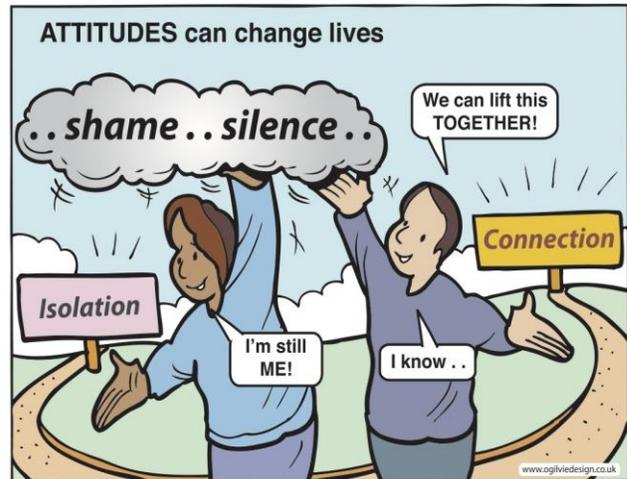
“We will live in mentally healthy communities; free from stigma and discrimination, where mental health is understood. Where support is required, it will be personalised, responsive and accessible”.

We will promote the importance of keeping mentally well, building the capacity of communities and encouraging people to build on their assets and strengths. Where supports or services are required, there will be equity of access across Fife's localities, tailored to meet local needs; services will be co-ordinated with the person at the centre at all times, ensuring they feel included and listened to.

The Scottish Government is committed to improving everyone's mental health and wellbeing. There has been significant investment in psychological services for people of all ages, including children and adolescents' mental health services, as well as improving services offered to people experiencing low mood. Most recently, the Scottish Government has allocated funding under Action 15 of the National Mental Health Strategy (2017-2027), to increase the mental health workforce in order to reduce the burden on emergency/crisis services.

We are aware that a significant challenge to Fife's Strategy implementation will be meeting an increasing demand for services and support whilst continuing to manage available resources. Fife is committed to ensuring that all available resources are used in the most effective and efficient way, ensuring our commitments are delivered within existing budgets.

In order to achieve the commitments laid out in this Strategy, we will require to think **creatively** and **innovatively** to ensure our services are fit for the future and based on secure evidence-based practice, supporting positive mental health and wellbeing for all. To succeed this will require co-production across all parts of the service, with communities, with our partners in the third sector, with people who use our services, their families and carers.



Through engagement and consultation with Fife's communities, several key themes have been

identified, as follows:

- **challenge discrimination and stigma** through involvement in local and national campaigns. People in Fife recognise that we all have mental health;
- **raise awareness** and **focus on prevention and early intervention** with the aim of promoting mentally healthy communities;
- work closely with all our partners to take a **collaborative, whole system approach** to ensure care and support is matched to the unique needs and outcomes of the individuals who seek support;
- **raise awareness** of the importance of **keeping good mental and physical health and wellbeing**; to ensure that the physical health of those with mental health conditions is improved and that the mental health needs of those with physical health problems are fully considered;
- ensure that all available **resources** are utilised in the most **efficient and effective** way, optimising opportunity for the right care in the right setting at the right time and ensuring best value for all;
- ensure services are **underpinned** by “evidence-based practice”.

The above commitments will inform the planning and delivery of mental health and wellbeing support in Fife for the next four years. Implementation plans will be developed for each area of work to ensure we deliver on our commitments and evidence what successful delivery will look like. An example of the implementation plan is shown at **Appendix A**.

Each implementation plan will be co-ordinated and monitored through our current governance structure by our multi-agency Mental Health Strategy Implementation Group (MHSIG). The MHSIG reports on its work and the work of those groups it oversees to the Integration Joint Board of Fife Health & Social Care Partnership (HSCP).

What is the Strategic Context?

For decades, service development in mental health services across Scotland has been characterised by a reduction in hospital beds, supported by improved mental health community services. In Fife, the pace of this shift has been relatively slow to date.

The 2011 Christie Commission Report on the Future Delivery of Public Services² emphasised the requirement to harness community assets and resilience, to prioritise preventative measures, to reduce demand and inequalities and to collaborate with those who use services to bring about positive transformation. The subsequent creation of the Health and Social Care Partnerships (HSCP) under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 enabled Fife to integrate and deliver care in a more co-ordinated way. NHS Fife's Clinical Strategy 2016-2021, driven by the values and principles presented in NHS Fife's Strategic Framework 2015-2020, recommends good quality, evidence-based practice and person centred, needs based care delivered as close to people's homes as possible.

Mental health is a key priority in both NHS Fife's Clinical Strategy and the HSCP's Strategic Plan; the strategic direction of which is further supported by the National Mental Health Strategy (2017 – 2027) which emphasises the need to reduce the reliance on hospital beds and to build capacity within our local communities, working with a range of partners to achieve this priority.

We will shift the balance of care ensuring that people receive the right care, at the right time in the right setting. In Fife, the negative impact of our ageing inpatient estate cannot be underestimated. We will therefore strive to improve and modernise our inpatient resources and buildings ensuring that the environment is fit for purpose to deliver safe, high quality, therapeutic care for those who require in-patient services.

Improving mental health is a key priority for the Scottish Government and for Fife. This is our rebalancing care agenda in Fife.

The national and local policy context within which our Strategy has been framed, is shown in the following diagram and detailed at **Appendix B**.

Fife's Mental Health Strategy requires to deliver in this context, recognising and taking account of key relationships, for example, learning disability, dementia and addictions strategies, which are necessary to deliver on the mental health and wellbeing continuum. We will ensure that these strategies come together to deliver the best care for each person, and where a person has more than one diagnosis we make sure their individual needs are met.



Summary of Commitments

In order to achieve the vision laid out in this Strategy, we will require to think **creatively** and **innovatively** to ensure our services are fit for the future, supporting and promoting positive mental health and wellbeing for all. We can do this through delivering on the seven key commitments identified by the people of Fife. These are:

Commitment 1: Prevention and Early Intervention

Commitment 2: Shifting the Balance of Care

Commitment 3: Workforce

Commitment 4: Access to Treatment and Joined Up Accessible Support and Services

Commitment 5: Technology Enabled Care

Commitment 6: Participation & Engagement

Commitment 7: Rights, Information Use and Planning

A summary of all seven commitments and associated actions are provided below.

Commitment 1: Prevention and Early Intervention

Mental health is just as important as physical health - “no health without mental health”. We recognise that prevention and early intervention is a key priority.

Good Mental Health for All

- We will continue to work with our partners from health, social work, education, police, fire service, housing, third sector and local communities of Fife to deliver the objectives set out in Fife’s Community Plan 2011-2020 in relation to reducing inequalities.
- We will ensure timely, high-quality information is available to children, young people, adults, families and carers so that they can make decisions about their own mental health care and support, and about mental health services.
- We will ensure the implementation of best practice for early intervention for first episode psychosis, according to clinical guidelines.
- We will develop the On Your Doorstep resource (www.onyourdoorstepfife.org) to ensure we capture as many community groups, organisations and sources of information available within all local communities.
- We will continue to support the roll-out of ‘The Wells’ across all localities.

Physical Wellbeing

- We will continue to promote and raise awareness of the importance of keeping physically well for those affected by mental ill health.
- We will continue to work in collaboration with all partners to promote early attendance for physical symptoms and reduce the risks associated with multi-morbidity.
- We will continue to focus on outcomes that matter to individuals; reflecting the importance of aspiration and meaningful activity as part of a person's journey to health.
- We will promote the NHS Scotland's National Physical Activity Pathway (NPAP) as a set of steps staff can take to encourage people they work with to be more active. It targets adults who are inactive or not active enough to benefit their health, and can be used in any face to face conversation.

Employment

- We will continue to educate and challenge stigma with employers in order to promote mentally healthy workplace environments.
- We will continue to focus on outcomes that matter to individuals; reflecting the importance of employment as part of a person's journey to health.
- We will consider the "Delivering Differently" findings around employability, self-management, peer support and raising the voice of experience.

Housing and Homelessness

- We will ensure that people with mental ill health are offered the same access to housing and support as those not so affected.

Children & Young People's Emotional Wellbeing

- We will provide all children and young people, who present to GPs with emotional or mental health issues, with a face to face contact and provide a timely holistic assessment of their needs; providing effective signposting and engagement with services offering support for emotional wellbeing and mental health.
- We will reduce the waiting times for children and young people to access specialist services where this is required, thus providing the right mental health support at the right time.
- We will improve transition pathways for children moving into adult mental health services.
- We will develop multi-disciplinary assessment and pathways for those individuals with more complex needs, e.g. children who have experienced trauma, Attention Deficit Hyperactivity Disorder (ADHD) and Autism.
- We acknowledge that a variety of training approaches require to be developed ranging from awareness raising to skilled intervention depending on the population group being trained, e.g. GPs, Emergency Department staff, receptionists, NHS24 staff, Pharmacists, etc.
- We will develop our use of social media, choosing channel and content type best suited to the target audience.

Stigma and discrimination

- We will contribute to the Equality & Mainstream Plans which have been developed by NHS Fife and Fife Council to ensure all activity within this Strategy is in line with the Equality Act 2010.
- We will continue to embed the Equality Act 2010 with respect to discrimination on grounds of mental health across all communities and in all areas of life. We will take every opportunity to combat stigma, which acts as a barrier to people seeking support with their mental health and wellbeing and promote social inclusion at every opportunity.
- We will continue to reinforce and strengthen Fife's Walk A Mile, It's Okay, and Pass the Badge anti stigma campaigns.
- We will work with See Me to review Fife's anti-stigma campaign approach to ensure we effectively challenge stigma and discrimination.
- We will work alongside Fife's Mental Health Focus Group, our experts with lived experience, and local and national partners to develop new approaches to challenging stigma and discrimination in mental health, which will include social media campaigns.

Suicide Prevention

- We will develop a Suicide Prevention Strategy and Action Plan using the Scottish Government Suicide Prevention Action Plan “Every Life Matters published in 2018”.
- We will ensure that all inpatient areas undertake an environmental ligature audit using a standardised tool on an annual basis, or more frequently if there has been a significant change of use or service redesign.
- We will share information when necessary with partner agencies and professionals, including Police Scotland.
- We will regularly review academic and analytical studies that provide the evidence base for what makes a difference to suicide rates and use this evidence to improve practice and make positive and effective service change.

Commitment 2: Shifting the Balance of Care

The rebalancing care agenda aims to reduce reliance on inpatient hospital care and is underpinned by access to treatment and the promotion, awareness raising, and further development of joined up accessible community care supports and services across all of Fife's localities.

- Our commitment to shift the balance of care will mean less reliance on our mental health estate. For the estate that is retained, it will be high quality, person centred, outcome and recovery focused within facilities and environments that are fit for purpose; and through our improved pathway, discharge planning will begin at the point of admission.
- Our approach to care and support (in hospital and in the community) will be holistic, embedding “Good Conversations” training for staff, keeping the person at the centre and recognising the invaluable role of families and carers.
- We will ensure that carers, as key partners, have improved access to support and information.
- We will support and enable people to live safely and independently within local communities, developing community-based peer led networks and assets recognising that ‘probably the single most important factor contributing to change towards more recovery-oriented services’ is the added value of mutual support.²⁰

Commitment 3: Workforce

As part of our agenda to shift the balance of care, we must have the correct combination of suitably trained, confident and experienced staff to promote prevention and early intervention, to support people within their local community as well as provide care within ward settings

- We will continue to review our workforce requirements, taking into account service redesign, to ensure the correct levels of staffing, with the right mix of skills, are available where required.
- Through our Mental Health Recruitment Group, we will seek to promote Fife as a Centre of Excellence in the delivery of mental health services, encouraging people with a wide range of skills and expertise to work, and remain working, in Fife.
- Future workforce planning will continue to take into consideration Fife Health and Social Care's Strategic Plan and NHS Fife's Clinical Strategy commitments to enable people to stay in their own home for as long as possible, supported by person centred community services.
- We will continue to work with our partners across all sectors to share learning opportunities in relation to mental ill health and mental disorders and our referral pathways.
- We will continue to support the health and wellbeing of our staff through training, information sharing and supervision to continuously improve the quality and safety of care.

Commitment 4:

Access to Treatment and joined up Accessible Supports & Services

Appropriate, responsive, consistent and flexible access to evidence-based services and support for people with mental ill health, within an appropriate timescale, is something that should be available to everyone regardless of age, race, religion or belief, sex, sexual orientation, partner/marital status, maternity or pregnancy, gender reassignment, ability or geographical location.

Primary Care and Mental Health and Unscheduled Care/Out of hours

- We will continue to design, implement and evaluate supports and services that provide timely, accessible, efficient and effective responses to common mental health problems to reduce the pressure on GP resources across Fife.
- We will continue to provide supports and services that are proactive, pre-emptive and co-ordinated with people and their families/carers at the centre, using our resources as efficiently and effectively as possible and seek to decrease crisis presentations.
- We will establish a culture of anticipatory care planning within our community teams to promote and support self-management and enable best management of crises.
- We will work with partners in the third sector and Police Scotland to make available more community-based safe spaces for people experiencing mental health crises or who are under the influence of alcohol or drugs, to avoid the default use of Custody Suites or Emergency Departments where it is not appropriate for their care and support.
- We will ensure parity in healthcare for individuals attending Emergency Departments with a mental health related issue.

Specialist Mental Health Teams

- We will develop a Fife-wide care pathway for perinatal mental health assessment and referral to ensure the person receives care at the right level for their need. We will provide awareness sessions/training on infant mental health for all staff working with mothers and their babies.
- We will develop a range of flexible psychological therapy options for people of all ages who have less complex needs, as well as continue to specifically raise awareness of the availability of psychological therapies amongst older adults.

- We will improve transition pathways between tiers of care, between age related support services and between statutory supports and the third sector, ensuring they are as seamless as possible.
- We will review our specialist older adult/dementia services following Community Mental Health Teams (CMHTs) becoming embedded across all localities.
- We will undertake a full review of the services currently provided by our partners in the third sector, informed by this four-year strategy, to further develop innovative service solutions where required. The focus will be the provision of asset based, person centred recovery and support to individuals and their carers, including young carers. This review will be completed by 30th September 2020.

Commitment 5: Technology Enabled Care

Telehealth and telecare can be used to support the whole spectrum of long-term conditions and can be deployed in all sectors and across the breadth of care pathways; within the home, in primary and community care, in supported housing, hospitals and care homes and within our emergency care services.

- We will optimise the use of digital and mobile technologies to enable people to self-manage their health, to enable monitoring, diagnostics, advice and access which aims to enhance ongoing care and decision making closer to home wherever possible.
- We will build public and professional awareness and confidence in how technology can make a positive difference to the lives of individuals, and ensure it is reliable and easy for all to use.
- There will be “fit for purpose” systems for the seamless transfer of clinical information, which will improve communication between health and social care professionals and other partners. This will enhance the quality of care and experience for those who use our services.

Commitment 6: Participation & Engagement

Participation & Engagement approaches will ensure community views and knowledge, individual experience, and special interest groups are embedded throughout mental health service delivery.

- We will develop and expand the membership of the Fife Mental Health Focus Group.
- We will strive to be as inclusive as possible in our reach and ensure that individuals or groups whose voices are not traditionally as strongly heard or represented, are identified and involved. We will deliver a range of participation points to facilitate this.
- We will see the development of an independent hospital visitor role to evidence our commitment to transparent engagement and participation in ward settings, thus maximising the influence of those who are in our care. We will listen to, respect and learn from each other.
- We will develop a 'keeping in touch' single page newsletter to regularly let everyone know of progress in mental health redesign.

Commitment 7: Rights, Information Use and Planning

A human rights-based approach is intrinsic to the commitments of our Strategy. This is being addressed through the PANEL principles: Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality.

- We will ensure our staff continue to practice and adhere to all human rights legislation.
- We will increase staff awareness of Children & Young People's Rights: UN Convention on the Rights of the Child (UNCRC).
- We will ensure all staff understand their responsibilities in relation to the principles underpinning the suite of adult protection legislation, namely Mental Health (Care and Treatment) (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000 and Adult Support and Protection (Scotland) Act 2007.

Fife's Mental Health Landscape: Understanding our population

In Fife we have an estimated population of 367,250 people.

People from different communities experience life in different ways, with a range of contrasting needs and desired outcomes.

Within the Fife Health & Social Care Partnership (HSCP) we have seven locality areas, which match the existing boundaries of the Fife Local Community Planning Groups as follows:



1. North East Fife (takes in Auchtermuchty, Cupar, Taybridgehead, St Andrews, Crail and Anstruther)
2. Glenrothes (takes in Thornton, Kinglassie and Leslie)
3. Kirkcaldy (takes in Burntisland and Kinghorn)
4. Levenmouth (takes in West Wemyss, Buckhaven, Methil, Methilhill, Kennoway and Leven)
5. City of Dunfermline
6. South West Fife (takes in Inverkeithing, Dalgety Bay, Rosyth, Kincardine, Oakley and Saline)
7. Cowdenbeath (takes in Lochgelly, Kelty and Cardenden)

Table 1: Demographic Information for Fife

Locality	Population	% Male	% Female	% of individuals who live in one of 20% most deprived areas in Scotland
North East Fife	72,954	47.7%	52.3%	1%
Glenrothes	50,600	48.6%	51.4%	23%
Kirkcaldy	59,840	48.4%	51.6%	30%
Levenmouth	37,651	48.0%	52.0%	44%
City of Dunfermline	55,452	48.8%	51.2%	11%
South West Fife	49,879	49.4%	50.6%	8%
Cowdenbeath	40,884	48.3%	51.7%	35%

Source: HSCP Locality Profile Reports / Scotland Census 2011/NRS)

Mental health has the fourth highest impact on health in Fife, as across Scotland, after cancer,

cardiovascular disease and neurological conditions.

Mental health problems are not equally distributed across the population. Those who are socially disadvantaged are at increased risk. In 2010/2011, there were twice as many GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland (62 consultations v 28 per 1,000 patients). The prevalence and type of mental health problems also vary by sex and age. For example, recent surveys have identified that young women (16–24 years) are at increased risk of common mental health problems and self-harm.³

We can compare data for Fife with Scotland using Disability Adjusted Life Years (DALYs) – a measure which allows us to look at the total diagnosed occurrences of illness, taking into account the severity of its impact, the length of time that people have the condition as well as differences in age and sex in different parts of the country.

On this basis, Fife is similar to Scotland in relation to instances of mental ill health, although we do have a higher rate of suicide, self-harm and interpersonal violence (554 Fife v 520 for Scotland).

Survey data on mental health problems reflects a flat or slightly declining trend, however, prescription rates for drugs to treat depression/anxiety/psychosis are steadily climbing in both Scotland and Fife.

Prevalence of Mental Health Problems

The Mental Health Foundation Report: Fundamental Facts about Mental Health 2016⁴ detailed information from the publication of the 2014 Adult Psychiatric Morbidity Survey (APMS), which found that every week, one in six adults experiences symptoms of a common mental health problem, such as anxiety or depression, and one in five adults has considered talking their own life at some point.

Table 2: Prevalence of common mental health problems (adults 16+)

Common mental health problems	2014
Common Mental Disorders Not Otherwise Specified (CMD-NOS)	7.8%
Generalised Anxiety Disorder (GAD)	5.9%
Depression	3.3%
Phobias	2.4%
Obsessive Compulsive Disorder (OCD)	1.3%
Panic Disorder	0.6%

Source: *Mental Health Foundation Report: Fundamental Facts about Mental Health 2016*

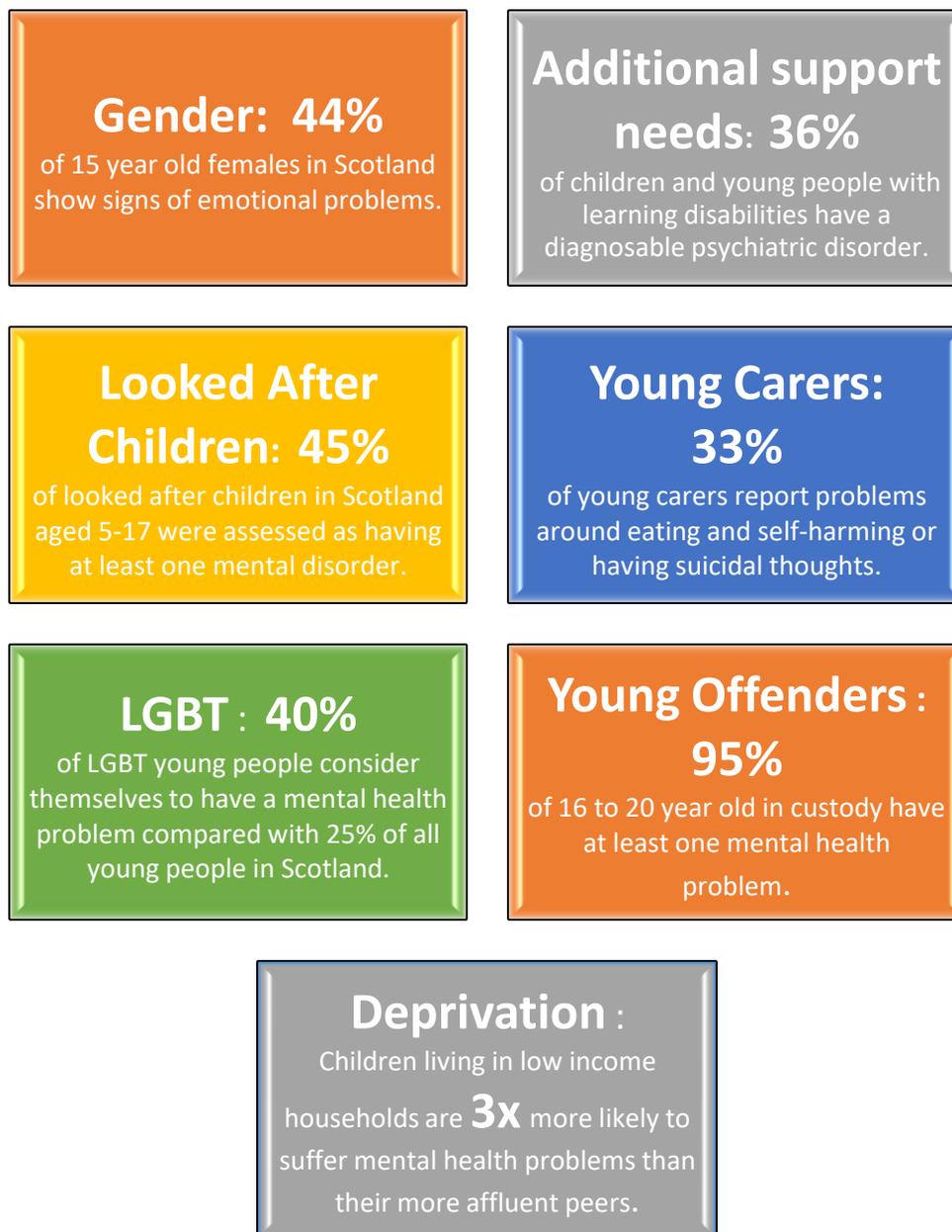
Table 3: Prevalence of severe mental health problems (adults 16+)

Severe mental health problems	2014
Personality Disorder	13.7%
Attention Deficit Hyperactivity Disorder	9.7%
Bi-polar Disorder	2.0%
Autism Spectrum Disorder	0.8%
Psychotic Mental Health Conditions	0.5%

Source: Mental Health Foundation Report: Fundamental Facts about Mental Health 2016

Children and Young Peoples Mental Health

Factors affecting the mental health and wellbeing of children and young people.



Between 2013/14 and 2017/18, the number of referrals to Child and Adolescent Mental Health Services (CAMHS) in Scotland increased by 22 per cent from 22,271 to 33,270. During the same period, the average wait for a first treatment appointment increased from seven to eleven weeks. The increase in referrals may reflect increasing awareness in mental health issues and a decline in stigma.

In Fife the average waiting time between being referred and a child/young person's first treatment appointment in 2017/18 was 10 weeks.⁵

Chart 1: Fife population prescribed drugs for anxiety, depression or psychosis

There is an upward trend in prescription rates for anxiety, depression or psychosis in both Fife and Scotland, with Fife tracking Scotland at a marginally higher rate. A contributing factor to this is the strong association of mental illness with deprivation. Table 1 Demographic Information Fife provides further information. (Source: ScotPHO)

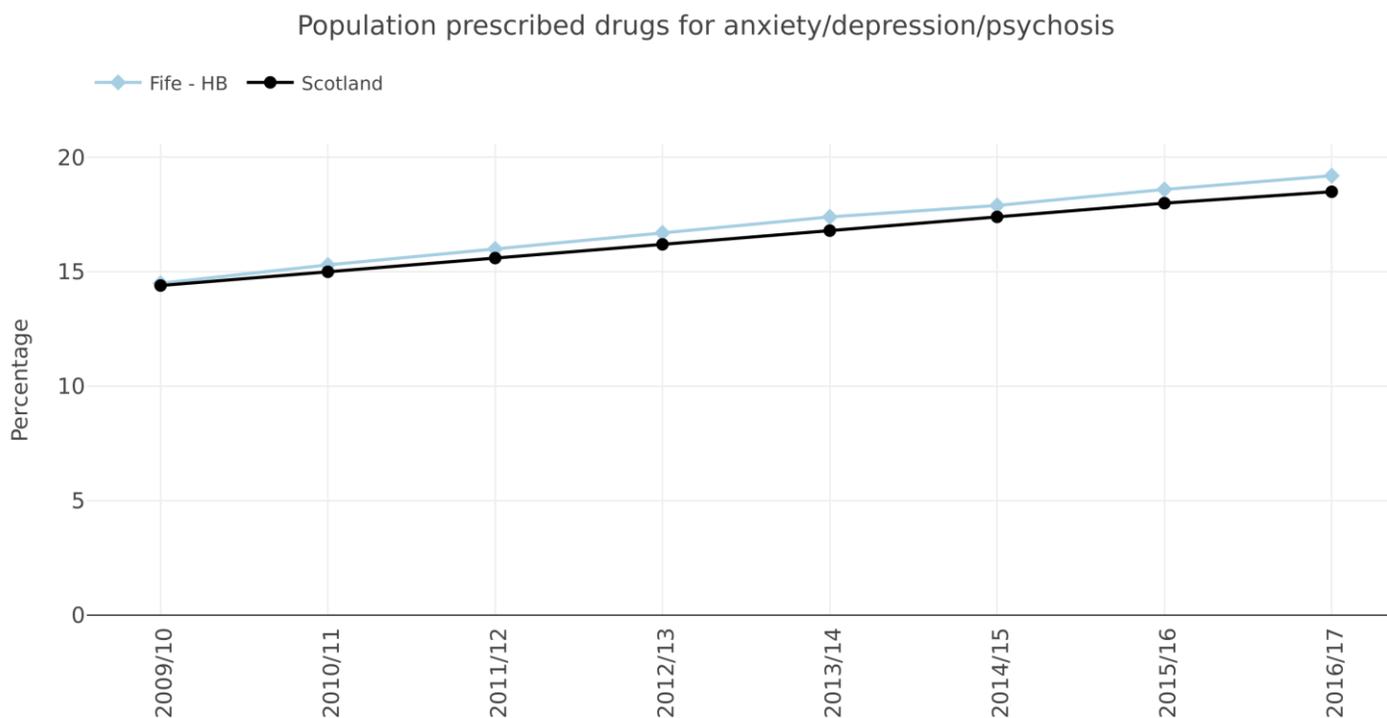


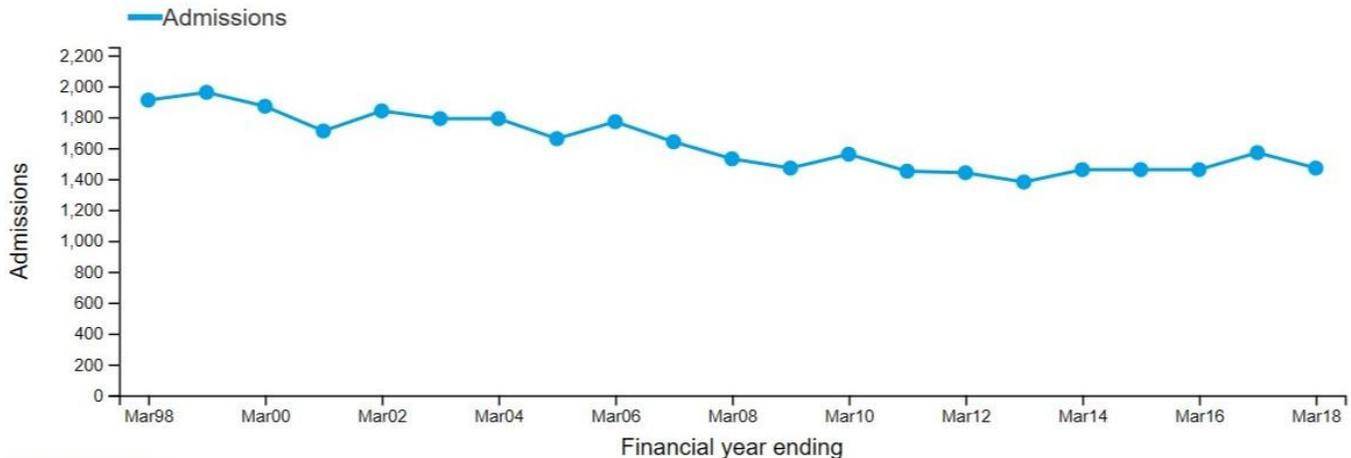
Table 4: Fife population prescribed drugs for anxiety, depression, or psychosis

Year	Number	% of total population
2014/15	65,719	17.9
2015/16	68,529	18.6
2016/17	70,960	19.2

Chart 2: Admission Rates

Admission rates are declining slowly in both Scotland and Fife. This is due to several factors and primarily the move towards community care; the slow decline in admission rates does not necessarily indicate a reduction in the incidence of moderate to severe mental illness.

NHS Fife



The Scottish Government recently published their results from their third Mental Health & Learning Disability Inpatient Bed Census and Out of Scotland NHS placement Census. Key points include:

- There were 3,572 patients occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility in the March 2017 Census, compared to 3,633 in March 2016. Of the 3,572 patients, 59% were Male, 41% were female.
- The patients in the Census were mostly from older age groups, 23% were aged 18-39, 35% were aged 40-64 and 40% aged 65+.
- Patients were most likely to be in an Acute Ward (38% of all patients).
- There were 4,205 psychiatric, addiction or learning disability inpatient beds available in NHS Scotland, compared to 4,254 in March 2016. The overall occupancy rate in Scotland was 85% (same as March 2016).
- There were 484 patients primarily managed by Forensic Services at March 2017. This compares with 458 in March 2016. Forensic Psychiatry is a specialised branch of clinical psychiatry which relates to mentally disordered offenders and others with similar problems.
- Over half (58%) of patients aged 18+ had at least one long term physical health co-morbidity.
- 89% of adult patients admitted in the last year had a general physical exam within a day of admission and 82% of those admitted over a year ago had an annual physical exam.

Chart 3: Deaths from suicide

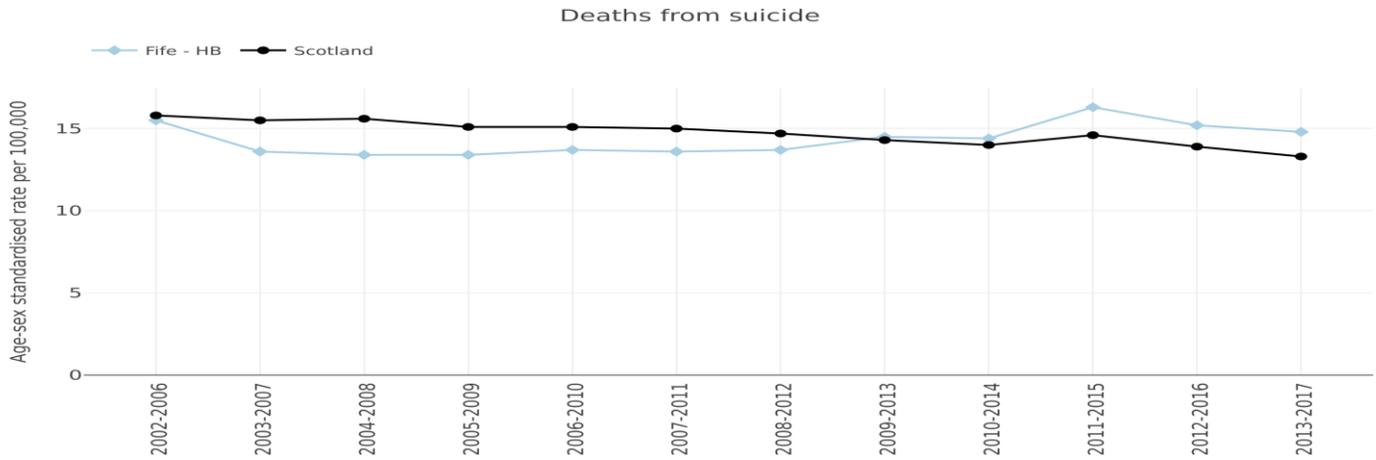
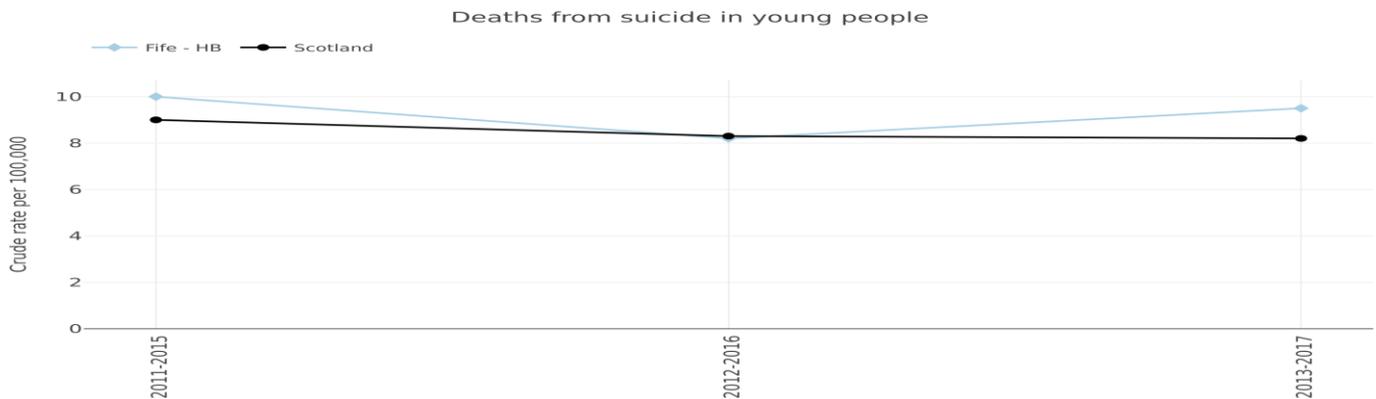


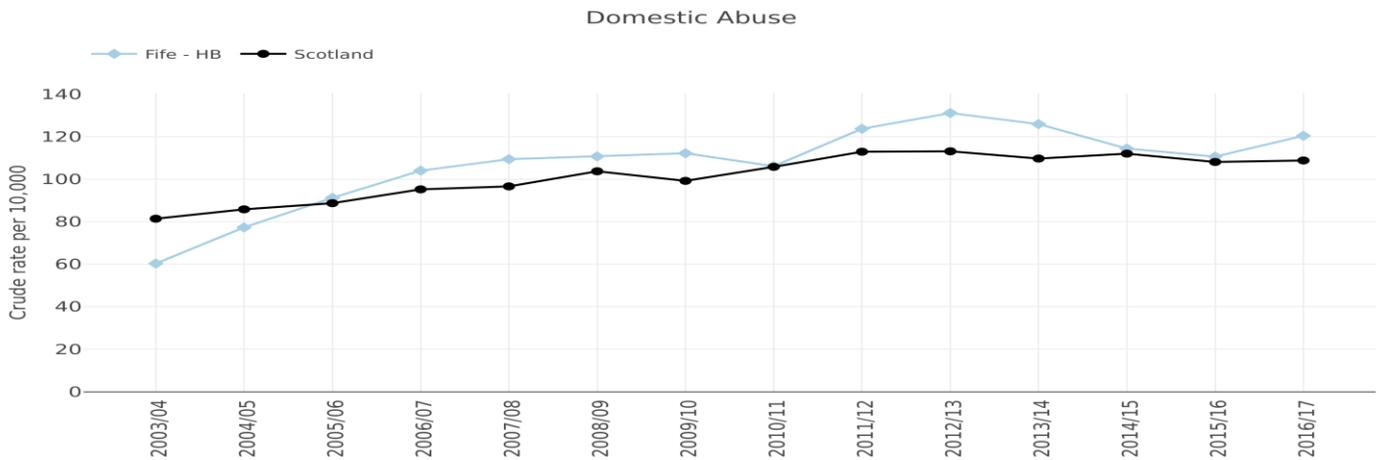
Chart 4: Deaths from suicide in young people



The trends on suicide shows a gradual decline in Scotland, but Fife has overtaken the Scottish rate.

Although excellent progress has been made in reducing the rates in suicide, it continues to be a leading cause of death among young people aged 15-34 years. Scottish suicide rates are four times higher in areas of greatest deprivation than in areas of the least deprivation. Rates of suicide increase as the level of deprivation increases, with rates in the most deprived 30% of areas significantly higher than the rate for Scotland generally.⁶

Chart 5: Domestic Abuse

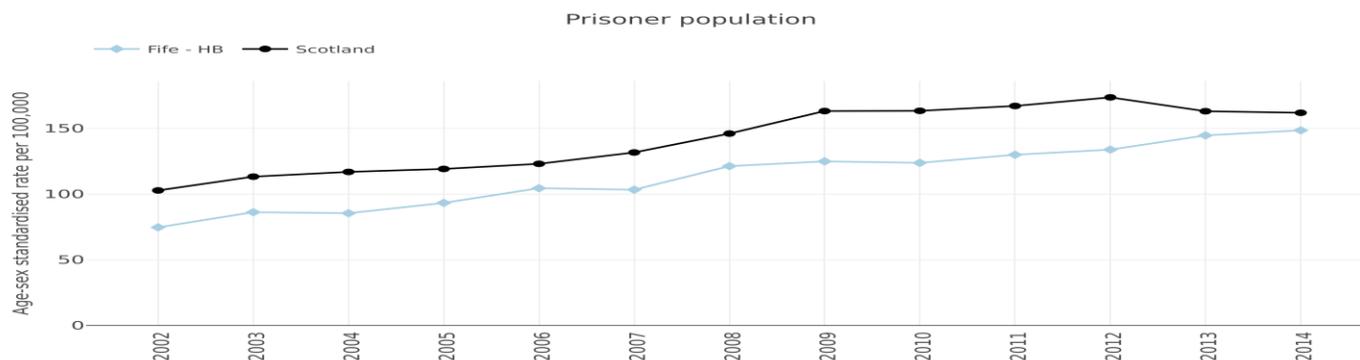


The incidence of domestic abuse has doubled in Fife since 2003/04 and has been higher than the Scottish rate for most years since 2005/06.

Women and girls are often at increased risk of violence, and women living in poverty are disproportionately affected by violence and abuse. The impact of intimate partner violence and abuse can be far-reaching.

This has significant implications for mental health and for the provision of services for those affected, and contribute to adverse childhood experiences (ACES).

Chart 6: Prisoner Population



Although in Fife the rate of people in prison has been historically lower than that for Scotland as a whole, the gap has narrowed in recent years, and is still increasing in Fife. Given the strong links between offending and mental illness, this data could signify both cause and effect of mental illness. It may mean an increase in the number of people who are vulnerable to both mental health and drug and/or alcohol problems on release from prison.

Prisoners have shown to have significantly higher rates of mental health problems than the general population.

Table 5: Comparison of prison population versus general population

	Prison population	General population
Schizophrenia and Delusional Disorder	8%	0.5%
Personality Disorder	66%	5.3%
Neurotic Disorder e.g. Depression	45%	13.8%
Drug Dependency	45%	5.2%
Alcohol Dependency	30%	11.5%

Source: *Mental Health Foundation: Fundamental facts about Mental Health 2016*

Fife's Seven Commitments to Improve the Mental Wellbeing of our Communities

Commitment 1: Prevention and Early Intervention

Mental health is just as important as physical health - "no health without mental health". We recognise that prevention and early intervention is a key priority.

Local community planning partnerships have an important role to play in working with adults, children, young people, families and communities to maximise their good mental health. Delivering at a population level to address the underlying factors contributing to mental health problems are likely to prevent them, and, in the long term, promote a reduction in mental health problems and inequalities in mental health.

Key areas where there is strong evidence for action include:

- Addressing adversity and disadvantage in early years;
- Low and insecure income and problem debt;
- Unemployment and access to positive work experience/meaningful activity;
- Poor housing and the physical environment.

Fife Community Plan 2011-2020⁷

Prevention in mental health can mean different approaches depending on the persons circumstances and/or diagnoses. To address prevention through this Strategy, we have identified three different levels as follows:

- **Primary Prevention** targets the whole population, across all ages to promote a mentally healthy Fife through, for example, the anti-stigma and participation and engagement workstreams.
- **Secondary Prevention** targets people who may need additional support and may be vulnerable, which includes, for example, the CAHMS Primary Mental Health Workers for young people and Peer Support development across age ranges.
- **Tertiary Prevention** is aimed at preventative approaches for people with diagnosed mental



illness, which are being addressed through this Strategy for example, through the Community Mental Health Teams and recovery focused care planning.

Good Mental Health for All

Good mental health is determined by a range of social, economic, environmental, physical and individual factors (*NHS Scotland Good Mental Health for All 2016*⁸). Working with our partners from health, social work, education, police, housing, transport and the third sector, we aim to provide opportunities to empower children, young people and adults as unique individuals to build confidence and resilience to maintain and manage their own mental health by:

- building strong networks and partnerships connecting people, shaping services and supporting healthier lives;
- ensuring community assets are fully utilised to support health and wellbeing;
- ensuring services are integrated by a shared commitment and approach to improving health and wellbeing;
- providing easy access to affordable healthy food;
- providing housing that is health enhancing and free from health harms;
- ensuring community assets and services promote community cohesion and address abuse, violence, discrimination and the impacts of crime.

Those who experience mental ill health often have poor physical health, lower life expectancy, (for example, people with severe and enduring mental illness may have their lives shortened by 15 to 20 years)⁹, inequitable access to services and increased risk of social deprivation. Mental health affects and is affected by physical health problems, for example, those with depression are at greater risk of cardiovascular disease and diabetes. Those with cardiovascular disease and diabetes are at greater risk of depression.¹⁰

Early intervention at the commencement of illness has been shown to have a positive impact on the development and severity of the illness, making a difference to people's life chances and quality of life. Availability of prompt and effective treatment for first episode psychosis matters especially, although not exclusively, to our young people and their families, because first episode psychosis occurs most commonly between teens and late twenties, with more than three quarters of men and two thirds of women experiencing their first episode before the age of 35.¹¹

Public education on mental health problems and how to find help needs to go hand-in-hand with making improvements to mental health services. Information, combined with the right support, is the key to better care and better outcomes. We need to ensure timely, high-quality information is available to individuals, families and carers so that they can make decisions about their own mental health care and support, and about mental health services.

Children & Young Peoples Emotional Wellbeing

The Getting it Right for Every Child (GIRFEC) approach supports children and young people to grow up feeling loved, safe and respected and to realise their full potential. At home, in school or the wider community, every child and young person should be safe, healthy, achieving, nurtured, active, respected, responsible and included. Each child is unique and there is no set level of wellbeing that children should achieve. Wellbeing is influenced by children's individual experiences and changing needs as they grow.

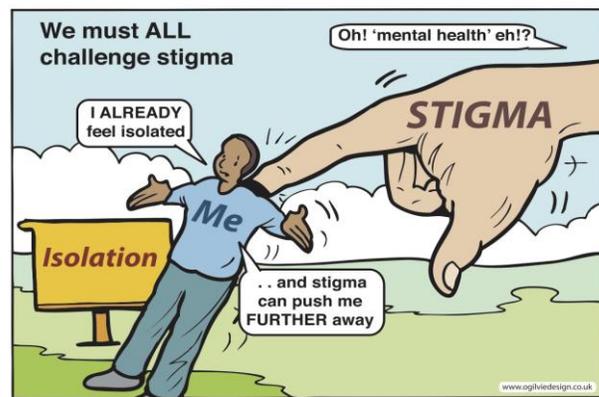
A range of experiences can have a negative effect on young people. These might be:

- one of the 10 recognised Adverse Childhood Experiences (ACEs); overt abuse, neglect (both physical and emotional), household adversity (domestic violence, substance misuse and criminality) or other adversities such as bereavement or bullying, or where a family is affected by illness, disability or poverty;
- involvement in and/or at risk of offending;
- factors associated with the child becoming looked after are often associated with a range of health needs and higher vulnerability as a result of multiple placement moves;
- social media can be a positive tool to help children develop and grow but it can also affect young peoples' emotional and mental health, e.g., impact on sleep, self-esteem, self-worth, bullying and so forth;
- being a young carer, which can involve providing levels of physical and emotional support beyond what is expected for the child's age and stage.

Emotional health does not sit separately to general health and wellbeing and must be seen in the context of wider needs and lifespan development. It is recognised widely that young people face many challenges growing up and so some restraint should be exercised in labelling young people with 'mental illness' diagnoses; medicalising the 'normal' growing up process or medicalising feelings and behaviours that are understandable responses to a child or young person's experiences.

Stigma and Discrimination

While mental health problems and the side effects of some medication can contribute to poor health and social outcomes. Stigma, injustice and discrimination are significant barriers to achieving the same level of access to services and resources as others not so affected by mental health challenges (for example, financial services, healthcare, employment), health and citizenship.



Good mental health for all means reducing stigma and discrimination. It means that every individual is respected and has equal access to all public services, including mental and physical health services and positive work or meaningful activity. This is included in the National Mental Health Strategy (2017–2027) vision of having a ‘Scotland where people can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma’.¹²

Suicide Prevention

Suicide prevention is a Scottish Government health priority. Every case of suicide represents an individual tragedy and a loss to society. It has devastating effects on families and communities as well as survivors. It is potentially preventable through wider public health interventions but also amenable to high quality evidence-based care. In 2002 the then Scottish Executive published its Suicide Prevention Strategy entitled “Choose Life”¹³, a National Strategy and Action Plan to prevent suicide in Scotland. It was established as a 10-year plan with the ultimate objective of reducing the suicide rate in Scotland by 20% by 2013.

At the end of this period the government established a working group to consider the future strategy. This resulted in the Suicide Prevention Strategy 2013-2016¹⁴ which showed that in the 10 years following the publication “Choose Life” there had been a reduction in the suicide rate in Scotland of 18%. The focus of ‘Choose Life’ was on engagement with individuals and the general public, reducing stigma and improving the response to suicide.

In August 2018, the Scottish Government published its new Suicide Prevention Action Plan, “Every Life Matters”.¹⁵ This was designed explicitly to continue the work from the previous strategy as well as the strong downward trend in suicide rates in Scotland. In the foreword to this Action Plan, the Minister for Mental Health stated that the suicide rate in Scotland had fallen by 20% between 2002-2006 and 2013-2017 i.e., the two periods covered by the two previous Strategies. The new action plan committed to a new target to reduce further the suicide rate by 20% by 2022.

Fife Health & Social Care Partnership will use the action plan to inform its own suicide prevention strategy, which will aim to ensure that by working singly or in partnership with other agencies, vulnerable people at risk of suicide, are supported and kept safe from preventable harm.

Prevention and Early Intervention - What are we currently doing in Fife?

Good Mental Health For All

Fife's Community Planning Partners have developed and signed up to a Fife Community Plan 2011 – 2020. The Plan sets out what we need to do to improve the wellbeing of people in Fife.

One of the high-level outcomes within the plan is:

Reducing inequalities: Reducing inequalities by tackling multiple deprivation will require broad based action in areas such as economic development, health, education, housing, community safety, sport, leisure and culture and environmental improvement. Partners need to make a long-term commitment to breaking cycles of deprivation.

Locality working has also confirmed mental health and wellbeing as a key priority area. In response, the Health & Social Care Partnership is in the process of rolling out a programme of 'The Wells'. This locality based 'face-to-face' initiative aims to connect with local communities, developing community capacity and resilience, providing information on health and social care and allowing people to speak to the right people at an earlier stage.

Physical Wellbeing

The Physical Health and Mental Health Steering Group in Fife supports the development and delivery of standardised, safe, effective and person centred physical health care for people being supported by mental health services.

The Steering Group has progressed several key areas of physical health improvement activity within Mental Health Services in line with the aspirations of the local and national mental health strategies. The actions delivered so far has had a reportedly positive impact on the care people receive. The group continues to focus efforts to support better physical health outcomes for people in receipt of care and support from NHS Fife and Fife HSCP, which will be evidenced through the group's work plan, which includes:

- The implementation of the "Passport to Health"¹⁶ tool in all wards and appropriate community teams to provide screening, clinical support and signposting for individuals;
- The review of hospital admission documentation to include physical health screening;
- Elements of the current Dementia Strategy, related to physical health, will be progressed;
- The implementation of staff awareness and training programmes in supporting people experiencing delirium will continue;
- The safe transfer of people between Acute and Mental Health Wards will be ensured;
- A Smoking Cessation plan, with support from Health Promotion colleagues, will be

implemented.

Staff from Fife HSCP Health Promotion Team provide “Delivery of Impact” training to increase knowledge and awareness of the links between poor physical health and poor mental health. Practitioners are actively encouraged to have informed discussions about this link with the people they support.

NHS Fife and Fife HSCP continue to work in partnership with organisations to raise awareness of the importance of good nutrition for people with mental ill health, promoting key messages and campaigns including building capacity through the Fife Food Champions network and the use of community kitchens.

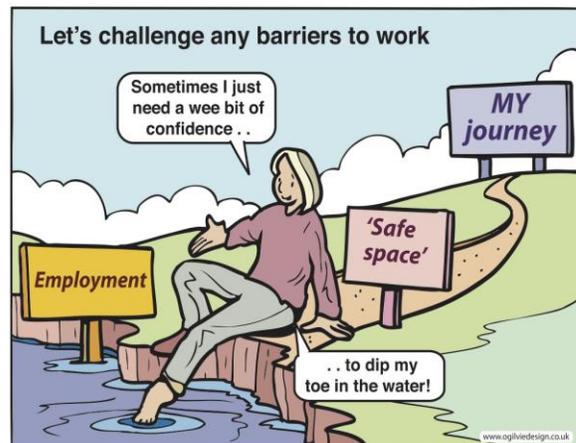
In addition, Fife’s Alcohol and Drug Partnership is developing an integrated care pathway on co-morbidity.

Mental Health Occupational Therapy (OT) Services assess people’s physical health as part of a holistic assessment and work with partners in Fife Sports and Leisure Trust to develop physical activity programmes for people who are able to attend and access local sports centres. OTs also discuss potential alcohol and drug use with people they support - carrying out alcohol brief interventions and signposting people onto other services including smoking cessation groups.

Employment

Actions 36 and 37 of the National Mental Health Strategy¹⁷ and feedback obtained through our engagement and consultation identifies that engaging in meaningful activity and/or working towards paid employment plays a key role on people’s journey to recovery.

Returning to work can be daunting for people who have been away from the workplace for a period of time. There is recognition therefore, that creative solutions should be identified to allow people to ‘dip their toe’ into (or back into) employment, providing safe spaces to help them learn new skills and increase their confidence. Options may include peer support, supported employment, volunteering and community cafés.



The Single Health and Work Gateway, currently being piloted in Fife and Dundee, has been established to increase employability support for people living with disabilities and long-term health conditions. The project, which runs until 2020, provides a single point of contact for those at risk of falling out of work or who have recently left work due to ill health.

Fife’s Mental Health Occupational Therapy service works in partnership with Fife Employment

Access Trust (FEAFT) to deliver the 'Employ Your Minds' project as well as with Fife's 'Individual Placement Support Service' (IPS). The IPS Service supports people with severe and enduring mental ill health to return to work, both paid and voluntary. In addition, the Service works in partnership with the "Delivering Differently" project, which aims to improve employment outcomes for people in Fife who are experiencing mental ill health.

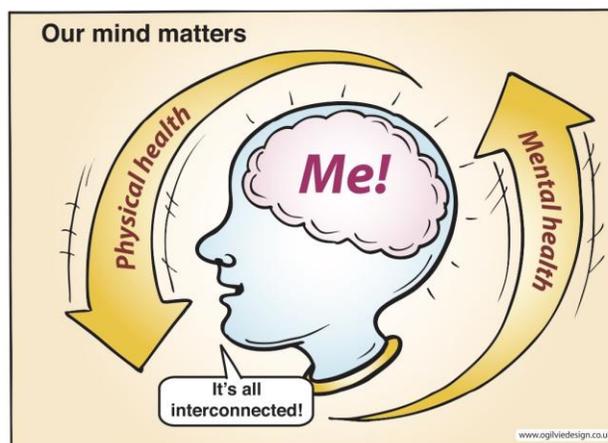
Housing and Homelessness

Fife Health & Social Care Partnership, Fife Council's Housing Service and Housing Providers in Fife, through the Housing Priorities Working Group and in line with the Local Housing Strategy (2015-2020), have:

- mapped the current housing provision for vulnerable adults to identify what is being provided within health and social care localities;
- developed and implemented a training plan for front line housing staff; providing them with information especially about housing for those with additional support needs;
- recorded and reported regularly on housing support and adaptations for people with additional support needs, ensuring equity across the general population.

Children & Young People's Emotional Wellbeing

Fife's Community Planning Partners have produced the Our Minds Matter (2017) framework which was launched in June 2017. It was borne from recognition that children and young people need support from good, broad pastoral care around them. The framework aims to give focus to services for children and young people to clarify who is involved in this support, what it might look like at different levels and to encourage integration and sharing of approaches.



Fife Child and Adolescent Mental Health Service (CAMHS) has recently developed an Enhanced Early Intervention Service to promote good mental health across Fife schools, colleges and universities. The main aim of this approach is to empower and support frontline workers and to ensure referrals to specialist services are appropriate, thereby creating a more integrated service that will be able to respond more effectively to the broad mental health needs

of children and young people in Fife schools, as well as improving the overall wellbeing of the school population.

Fife CAMHS has undertaken significant redesign of how services are delivered; they have developed online referral forms, a single point of access, a website for Fife, guidance on alternative service providers and a clearly articulated threshold statement for referrers.

Fife CAMHS has recruited additional staff to specifically target those children and young people who have waited the longest to ensure that clinicians are meeting appropriate groups of children; thus, ensuring the greatest impact on those with the greatest need.

Fife CAMHS remains committed to providing, and further developing, supports and services modeled on the success of the joint NHS Fife/Fife Council Springfield Project. The launch in 2017 of The Beeches, sought to ensure an equitable and needs-led service was available to all Looked After and Accommodated Children and Young People resident in Fife.

Fife's School Nursing Service is supporting children and young people who are experiencing mental health issues and continues to work closely with CAMHS colleagues to increase the advice and support they can offer children and young people.

Fife's Clinical Psychology Service is currently developing a new mental health and wellbeing Personal and Social Education (PSE) curriculum pack for secondary school pupils, called 'Branch Out', building on positive interventions already happening with children and young people in Fife.

Psychology of Parenting Programme (POPP), the Breadth of Parenting multi-agency group, oversees and audits the variety of parenting programmes currently underway in Fife.

Primary Mental Health Workers (PMHW) facilitate workshops for parents and pupils to explore child and adolescent wellbeing. Adolescent brain development, managing difficult behaviours and the concept of containment are all considered, as well as the parent's own mental wellbeing.

Keep Trauma in Mind (KTIM) trains staff working in services for adults about Adverse Childhood Experiences (ACES) and their impact on mental health. The KTIM cascade model of training allows for large numbers of staff, not just those working in mental health settings, to be trained.

Fife CAMHS delivers a training programme to support Fife Police Wellbeing Champions to encourage improved understanding of mental health and wellbeing amongst frontline police officers working with young offenders.

A national film about Adverse Childhood Experiences (ACEs) and how to develop resilience - 'Resilience – The Biology of Stress and the Science of Hope' film is currently in use. Multi-agency partners have created their own Fife film called 'Be that Person' aimed at adults who support children, which showcases good practice in Fife for building resilience in children and young people. A workshop pack has been developed around the two films to raise

awareness of ACEs and help workers and parents know how to build resilience.

The Children Affected by Disability (CABD) Group has been set up to take forward the service gaps outlined in a report published on the scoping of services, working with children affected by a disability in Fife.

Fife is currently represented on a national group which will be taking forward the Needs Assessment: 5 Year Survey of Need for Mental Health Inpatient Care for Children and Young People in Scotland with Learning Disability and/or Autism.

Fife CAMHS is an integral part of the South East Consortium for Specialist CAMHS Services. A working group has been established to address the needs of those children and young people who engage in offending behaviour and experience mental health issues. This work will link in with the pathways that are being established through the creation of a National Secure Adolescent Inpatient Facility, currently under development in Ayrshire.

The CAMILLE training programme, Empowering Families where the Parent is Mentally Ill, which was created by a European Union (EU) group of experts with input from CAMHS Playfield Institute, is being rolled out across Fife with a small group of champions from CAMHS, Education and Social Work Services. This training has led to the development of a pilot support group for parents who have expressed the need for support with their mental health in a Fife primary school.

A variety of “7 Habits” programmes are underway in Fife. This approach is a useful framework for building emotional intelligence and therefore positive mental health and wellbeing. Fife is leading in the UK for this pioneering “7 Habits” development work. 15 schools have now started on the whole schools’ approach programme (called Leader in Me). Fair Isle Primary School, Kirkcaldy has been recognised at a national level for reaching Lighthouse status for this programme.

For children under 5 years of age, Fife CAMHS has developed and delivers a pathway for children presenting with signs of emotional distress related to early trauma, conflict or significant life events such as parental mental health.

Stigma and Discrimination

One of the key requirements of success for early intervention approaches is to formulate anti-stigma measures. Fife continues to be fully committed to challenging stigma and discrimination in mental health and to advance people’s rights to live in an inclusive society. Fife is actively working in partnership with national and local organisations, fully supported by its Mental Health Focus Group of experts with lived experience, to strengthen the anti-stigma message through the “Its Okay” Campaign, “Pass the Badge” and “Walk a Mile” events. Two hundred people signed up for the ‘Walk a Mile’ event in 2018, doubling the previous year’s participants.

Suicide Prevention

Fife Health & Social Care Partnership is currently using the Scottish Government Suicide Prevention Action Plan “Every Life Matters”¹⁸, published in 2018, to inform its own suicide prevention strategy which will aim to ensure that by working singly or in partnership with other agencies, vulnerable people at risk of suicide, are supported and kept safe from preventable harm.

Key Actions for Commitment 1: Prevention and Early Intervention

Good Mental Health for All

- We will continue to work with our partners from health, social work, education, police, fire service, housing, third sector and local communities of Fife to deliver the objectives set out in Fife's Community Plan 2011-2020 in relation to reducing inequalities.
- We will ensure timely, high-quality information is available to children, young people, adults, families and carers so that they can make decisions about their own mental health care and support, and about mental health services.
- We will ensure the implementation of best practice for early intervention for first episode psychosis, according to clinical guidelines.
- We will develop the On Your Doorstep resource (www.onyourdoorstepfife.org) to ensure we capture as many community groups, organisations and sources of information available within all local communities.
- We will continue to support the roll-out of 'The Wells' across all Fife localities.

Physical Wellbeing

- We will continue to promote and raise awareness of the importance of keeping physically well for those affected by mental ill health.
- We will continue to work in collaboration with all partners to promote early attendance for physical symptoms and reduce the risks associated with multi-morbidity.
- We will continue to focus on outcomes that matter to individuals; reflecting the importance of aspiration and meaningful activity as part of a person's journey to health.
- We will promote the NHS Scotland National Physical Activity Pathway (NPAP) as a set of steps staff can take to encourage people they work with to be more active. It targets adults who are inactive or not active enough to benefit their health and can be used in any face to face conversation.

Employment

- We will continue to educate and challenge stigma with employers in order to promote mentally healthy workplace environments.
- We will continue to focus on outcomes that matter to individuals; reflecting the importance of employment as part of a person's journey to health.
- We will consider the Delivering Different findings around employability, self-management, peer support and raising the voice of experience.

Housing and homelessness

- We will ensure that people with mental ill health are offered the same access to housing and support as those not so affected.

Children & Young People's Emotional Wellbeing

- We will provide all children and young people, who present to GPs with emotional or mental health issues, with a face to face contact and provide a timely holistic assessment of their needs; providing effective signposting and engagement with services offering support for emotional wellbeing and mental health.
- We will reduce the waiting times for children and young people to access specialist services where this is required, thus providing the right mental health support at the right time.
- We will improve transition pathways for children moving into adult mental health services.
- We will develop multi-disciplinary assessment and pathways for those individuals with more complex needs, e.g. children who have experienced trauma, Attention Deficit Hyperactivity Disorder (ADHD) and Autism.
- We acknowledge that a variety of training approaches is required to be developed ranging from awareness raising to skilled intervention depending on the population group being trained, which includes for example, GPs, Emergency Department Staff, receptionists, NHS24 staff, and Pharmacists.
- We will develop our use of social media; choosing channel and content type best suited to the target audience.

Stigma and Discrimination

- We will contribute to the Equality & Mainstream Plans which have been developed by NHS Fife and Fife Council to ensure all activity within this Strategy is in line with the Equality Act 2010.
- We will continue to embed the Equality Act 2010 with respect to discrimination on grounds of mental health across all communities and in all areas of life. We will take every opportunity to combat stigma which acts as a barrier to people seeking support with their mental health and wellbeing and promote social inclusion at every opportunity.
- We will continue to reinforce and strengthen Fife's Walk A Mile, It's Okay and Pass the Badge anti stigma campaigns.
- We will work with See Me to review Fife's anti-stigma campaign approach to ensure we effectively challenge stigma and discrimination.
- We will work alongside Fife's Mental Health Focus Group, our experts with lived experience, local and national partners to develop new approaches to challenging stigma and discrimination in mental health, which will include social media campaigns.

Suicide Prevention

- We will develop a Suicide Prevention Strategy and Action Plan using the Scottish Government Suicide Prevention Action Plan "Every Life Matters published in 2018.¹⁹
- We will ensure that all inpatient areas undertake an environmental ligature audit using a standardised tool on an annual basis, or more frequently if there has been a significant change of use or service redesign.
- We will share information when necessary with partner agencies and professionals including Police Scotland.
- We will regularly review academic and analytical studies that provide the evidence base for what makes a difference to suicide rates and use this evidence to improve practice and make positive and effective service change.

Prevention and Early Intervention - What will success look like?

Good Mental Health for All

- There will be an increase in the number of community groups, organisations and sources of advice, support and information available across Fife's communities listed on our "On Your Doorstep" community website (www.onyourdoorstepfife.org).

Physical Wellbeing

- We will have equity across mental and physical health; that is emotional and mental health care will have equal status with physical health care.
- There will be an increase in the number of people with mental ill health accessing health screening.

Employment

- There will be an increase in the number of people with mental ill health accessing or returning to work.

Children & Young People's Emotional Wellbeing

- We will provide all children and young people, who present to GPs with emotional or mental health issues, with a face to face contact within 2 weeks.
- At least 90% of children and young people will wait no longer than 18 weeks from referral to treatment for specialist child and adolescent mental health services.

Stigma and Discrimination

- There will be an increase in the number of people participating in our Fife events which challenge stigma and discrimination.
- Conversations about mental health and wellbeing will take place naturally in the same way as we discuss our physical health; there will be an acceptance that it is okay not to always feel okay.
- The majority rather than a minority of people experiencing mental health problems will seek help at an early stage and the stigma of mental illness (and associated behaviours) considered a major barrier to seeking appropriate support will recede. The aim is to reduce distress at an individual level.

Suicide Prevention

- All inpatient areas will have a ligature audit undertaken at least annually.
- There will be at least a 20% reduction in suicides in Fife by 2022.

Commitment 2: Shifting the Balance of Care

Fife remains committed to supporting people who are admitted to hospital with mental ill health to continue their rehabilitation and recovery in community settings. Modernisation of psychiatric rehabilitation services aims to maximise the opportunity for social inclusion. Adopting a multi-disciplinary approach, the focus will be on the person's unique ability to recover within a variety of settings.

The significant policy drivers around enabling care and treatment at home, shifting the balance of care from hospital to the community, supporting recovery in mental health, preventing admission and readmission to hospital and facilitating timeous discharge from hospital requires a partnership approach involving all relevant areas within NHS, including GPs, Community Pharmacy, Health and Social Care, the third and private sector, the support of carers as well as our wider communities.

Identified as a key partner, it is imperative that carers are supported to be both effective in their caring role and enabled to look after their own health and wellbeing. The carer's journey (adult carer or young carer) runs parallel to the cared for person's journey and neither can be considered in isolation.

The promotion of effective partnership working will result in clearer pathways which will facilitate the right support at the right time, based on the needs and outcomes of each individual; ensuring they are an active partner at all times.

Our ongoing rebalancing care agenda will ensure that, where possible, anyone with severe and/or enduring mental ill health will be supported to have meaningful opportunities living in their own community, as is their right. The rebalancing care agenda aims to reduce reliance on inpatient hospital care and is underpinned by access to treatment and the promotion, awareness raising and further development of joined up accessible community care supports and services across all of Fife's localities.

This will be supported by increased awareness raising and continued promotion of our community website, On Your Doorstep (www.onyourdoorstepfife.org) and the Mood Cafe website (www.moodcafe.co.uk). Both contain information about local supports and services, resources and self-help guides as well as links to related external information and websites.



Shifting the Balance of Care - What are we currently doing in Fife?

As part of our rebalancing care agenda and redesign of services, a multi-disciplinary team has been working with individuals resident in Stratheden Hospital, Cupar, some for many years. Using a personal outcomes approach to assessment and support planning, the team has successfully worked in partnership with individuals to support discharge from hospital and to access alternative housing and support within their local communities. The individuals are now fully experiencing life and enjoying their rights in the same way, as far as practicable, as people not so affected by mental ill health.

Shifting the balance of care away from reliance on inpatient beds requires to be done in the context of the development of access to community treatment and joined up accessible community supports and services and the key resource, our workforce. The development of alternative community care models delivered by a confident, competent workforce will support shorter stays in hospital and will reduce admissions.

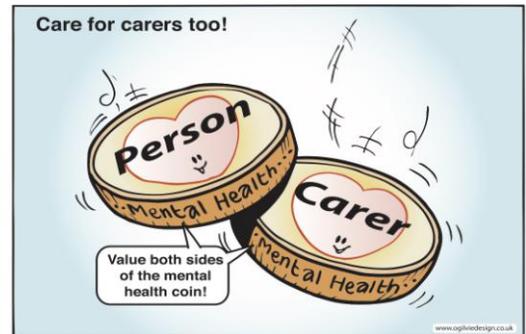
A proposal on Mental Health Estate Reconfiguration is currently being developed to start the process of delivering its vision for inpatient services, as part of the rebalancing care agenda. This will focus on:

- Optimum use of inpatient care within high quality, therapeutic environments;
- Optimum community care provision;
- Increased choice and empowerment for those who use services;
- Increased knowledge and skills of staff to develop the personal outcomes approach across settings and all services.

The redesign work will continue to create alternative models of care and crisis response in the community, establishing Integrated Community Teams, reducing variation Fife-wide and providing a quality assurance framework.

Key Actions for Commitment 2: Shifting the Balance of Care

- Our commitment to shift the balance of care will mean less reliance on our mental health estate. For the estate that is retained, it will be high quality, person centred, outcome and recovery focused within facilities and environments that are fit for purpose; and through our improved pathway, discharge planning will begin at the point of admission.
- Our approach to care and support (in hospital and in the community) will be holistic, embedding “Good Conversations” training for staff, keeping the person at the centre and recognising the invaluable role of families and carers.
- We will ensure that carers, as key partners, have improved access to support and information.
- We will support and enable people to live safely and independently within local communities, developing community-based peer led networks and assets recognising that ‘probably the single most important factor contributing to change towards more recovery-oriented services’ is the added value of mutual support.²⁰



Shifting the Balance of Care - What will success look like?

- There will be a reduction in the number of inpatient beds required.
- There will be improved outcomes for people requiring hospital admission.
- People will experience choice, control and flexibility in relation to their care and support, within facilities that are fit for purpose, and be supported to be able to communicate their wishes effectively.
- There will be local multi-disciplinary community mental health teams supporting people with complex needs, ensuring co-ordination of high-quality care and streamlined access to the right support at the right time.
- A suitable range of community alternatives will be co-ordinated and available to support people to be discharged from hospital and to live independently in the community.

Commitment 3: Workforce

As part of our agenda to shift the balance of care, we must have the correct combination of suitably trained, confident and experienced staff to promote prevention and early intervention, to support people within their local community as well as provide care within ward settings, where this is required. The work being progressed in reshaping our mental health services is aligned to the National Health and Wellbeing Outcomes in addition to Fife's Clinical Strategy, NHS Scotland Quality Strategy, the Scottish Government 20:20 Vision and the Everybody Matters Workforce Plan.

Our workforce will be reshaped as we continue to commit to meeting the expected increasing demands on services, with a recognition that support can be delivered for many, using a multi-disciplinary approach, which combines drawing on personal strengths and assets, social care, support from the third sector as well as traditional health models.

There are several workforce challenges which are relevant to the implementation of this four-year strategy. They include an ageing workforce with experienced members of staff across all sectors retiring or approaching retirement age; staff from NHS Fife with Mental Health Officer (MHO) status have the option to retire at the age of 55, recruitment and retention of staff at all levels as well as the reliance on locums and agency staff.

Healthy Workplaces for All

Mental health issues are known to be a common problem within many workplaces and it is one of the leading causes of sickness absence. It is estimated that 70 million work days are lost each year due to mental health problems in the UK, costing employers approximately £2.4 billion per year.²¹

For many of us, being in employment is a significant part of our lives. It is where we spend much of our time, it provides us with an income and is often where we make friends and meet other people. Being in a rewarding job can be good for your mental health and general wellbeing.

As recommended by NICE, health and wellbeing at work is significant.²² Employers should encourage a consistent, positive approach to all employees' health and wellbeing across all sectors who employ staff. The strategic importance and benefits of a healthy workplace cannot be underestimated. Good mental health is every bit as important as good physical health.

Like physical health, a person's mental health can be affected by various factors. The promotion of good mental health and the provision of support for people who do experience mental ill health is



one of the top three priorities for the NHS in Scotland, alongside cancer and heart disease. We all have a part to play in safeguarding our own mental health and that of those around us - in the family, in the community, at school or in the workplace. Whether it be helping children to grow up into confident adults or fostering a mentally healthy workforce, promoting good mental health should be a priority for us all.

Workforce – What are we currently doing in Fife?

Recruitment and Retention

Following a comprehensive review in 2018 across all mental health inpatient wards in Fife, a Mental Health Nursing Recruitment Group was formed to consider various aspects of nursing across mental health services, which includes support with workforce planning, promoting professionalism, engaging with schools and universities to promote mental health nursing in Fife as an aspiring career opportunity, to lead recruitment as well as to provide support for student nurses with the development of an education programme.

We are actively working with our local Higher Education establishments (Dundee and Abertay Universities) to look at the potential to increase student placements in Fife and to promote mental health nursing in Fife, in general.

For staff who are new to Fife, there is a continued focus to ensure they have a positive experience; working with our current workforce, to support individual career planning and a career pathway.

The Recruitment Group continue to evaluate roles and responsibilities across the service, to ensure all tasks are being undertaken by the most appropriate staff members, whilst at the same time, identifying gaps that may enhance people's experience of the service being provided.

Training

Our Health Promotion Service leads on approaches and services which maintain and improve health and wellbeing and reduce health inequalities. The Health Promotion Training Programme features a wide range of free training courses aimed at helping people working in Fife to contribute towards preventing ill-health, improving health and wellbeing and reducing health inequalities. For individuals, from all sectors, working within the mental health and wellbeing field, there are a range of training opportunities including Applied Suicide Intervention Skills Training (ASIST), Promoting Mental Health and Wellbeing in Children and Young People, safeTALK and Scotland's Mental Health First Aid.

Specifically, for staff working in the field of complex trauma, Fife has implemented the NHS Education for Scotland (NES) Knowledge and Skills Framework.²³ This provides training for staff to become more trauma aware and/or trauma informed and ensures staff have the necessary knowledge and skills to meet the needs of people affected by trauma, their families and carers.

In addition, for staff supporting individuals who have a diagnosed personality disorder, the Decider Model²⁴ training tool is available. The training provides a range of proactive life skills that are helpful in a variety of circumstances, and particularly at times of crisis. The skills provide a common language for communicating about difficulties in emotional regulation and self-management. Skills are based on evidence-based interventions - Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT) and mindfulness - and are grounded in theory and can be adapted to a range of service settings.

Healthy Workplaces for All

To support employers, Fife's Health Promotion Service Workplace team provides advice and information with all aspects of workplace health, safety and wellbeing, including developing and supporting mentally healthy workplaces.

The team organises and delivers a number of training courses for employers including:

- Mentally Healthy Workplace for line managers and supervisors;
- Mental Health First Aid courses provided to workplaces in Fife;
- Steps for Stress training.

The team has developed Mental Health information and campaign packs in partnership with the Health Promotion Service Information and Resource Centre to raise awareness of these topics.

As a partnership project with Fife Council's Supported Employment Service and Delivering Differently, the Health Promotion Service Workplace team has developed the just:ASK, LISTEN,TALK (j:ALT) toolkit which provides helpful advice and information to employers to help improve mental health at work. Employers can pledge to improve how their workplaces and staff view mental health at work with support available for staff working with individuals who experience mental ill health at work.

Key Actions for Commitment 3: Workforce

- We will continue to review our workforce requirements, taking into account service redesign, to ensure the correct levels of staffing, with the right mix of skills, are available where required.
- Through our Mental Health Recruitment Group, we will seek to promote Fife as a Centre of Excellence in the delivery of mental health services, encouraging people with a wide range of skills and expertise to work, and remain working, in Fife.
- Future workforce planning will continue to take into consideration Fife Health and Social Care's Strategic Plan and NHS Fife's Clinical Strategy commitments to enable people to stay in their own home for as long as possible, supported by person centred community services.
- We will continue to work with our partners across all sectors to share learning opportunities in relation to mental ill health and mental disorders and our referral pathways.
- We will continue to support the health and wellbeing of our staff through training, information sharing and supervision to continuously improve the quality and safety of care.

Workforce – What will success look like?

- There will be an appropriate mix of staff across acute and community settings to meet the requirements of our redesigned mental health services.
- The workforce within mental health services will expand beyond traditional roles and be confident, competent and suitably trained.
- We will see a reduction in the use of agency/locum staff.
- Resources will be used efficiently to deliver best value, best quality interventions across mental health services.
- There will be a reduction in work related stress absence.

Commitment 4: Access to Treatment and Joined-up Accessible Supports and Services

Appropriate, responsive, consistent and flexible access to evidence-based services and support for people with mental ill health, within an appropriate timescale, is something that should be available to everyone regardless of age, race, religion or belief, sex, sexual orientation, partner/marital status, maternity or pregnancy, gender reassignment, ability or geographical location.

All supports and services including health care, housing, therapeutic support and social care should be suitably flexible and digitally informed to offer the least intrusive, high quality care for everyone whether they require general information, sign posting and advice or have higher levels of need that require more intensive types of intervention or support.

Primary Care and Mental Health

Primary Care has been defined by The Health Foundation (2011) as “the first point of contact for people using services. It involves generalist care rather than care from a specialist and may be a one off visit or part of a series of ongoing care. About 90% of all contact with health services in the UK involves primary care”.²⁵

The strategic planning and commissioning for primary care services is the responsibility of Integration Authorities. The National Mental Health Strategy (2017-2027) highlights the fact that mental health and wellbeing is a common reason why people consult their GP. Transformation of primary care is seen by the Scottish Government as key to delivering the National Clinical Strategy, with testing and evaluating new models and available options of service provision, including those for supporting mental ill health in primary care, being a vital part of this.

Unscheduled/Out of Hours Care

Unscheduled Care is a term usually used to describe care and support that is needed outwith normal primary care working hours (8am to 6pm). In cases of serious illness, accidents or emergencies, out of hours care is provided by the Emergency Department located at the Victoria Hospital, Kirkcaldy. People who attend the Emergency Department and are known to mental health services are triaged to the Unscheduled Care Assessment Team (UCAT), where appropriate. Through regular meetings, staff from the Emergency Department and UCAT will share information and co-ordinate responses, where possible.

Help and support can also be accessed from Primary Care Emergency Service (PCES) by contacting NHS24 (Freephone 111) where care and support is provided by a multi-disciplinary team of healthcare professionals.

PCES is accessible to anyone requiring urgent medical care that cannot wait until GP surgeries

re-open. The service aims to ensure urgent care is delivered to members of the public during the out of hours period. Calls to NHS 24 from individuals presenting with a mental health issue, that are deemed to be suitable for telephone advice and support, are transferred to UCAT.

Unfortunately, people presenting with mental health issues can experience longer waits for out of hours services than people with physical health needs. This is unacceptable and is a basic issue of parity in healthcare.

People in psychiatric crisis often lack connections to local community resources and present to Emergency Departments as there are no alternatives. Models providing a rapid response, post initial crisis, have proven to reduce frequency of Emergency Department attendances over a period of time.

Effective transitions for people receiving care with their mental health can also help reduce suicide risk. Planning for care transitions, and making them as easy as possible, has been highlighted as an important part of a comprehensive approach to suicide prevention. Failure to attend appointments following on from a suicidal crisis assessment frequently occurs.

Fife is committed to working with partners to develop effective, efficient and sustainable approaches to deal with people in distress who impact heavily on critical services.

Community Mental Health Teams (CMHTs)

In a Community Mental Health Team (CMHT) people are supported by a single, multi-disciplinary team who are familiar to them and with whom they have a continuous relationship. CMHTs sit within secondary care services, operating a tiered approach, with procedures in place to facilitate communication between tiers.

The inception of CMHTs has brought a new way to deliver care and treatment to people in or close to their own homes. The relatively recent establishment of CMHTs throughout Fife is a means of meeting the objectives laid down in both national and local strategies by providing co-ordinated, integrated care in a proactive, anticipatory approach, with the person at the centre, using resources, including technology enabled care, as efficiently and effectively as possible.

Specialist Mental Health Teams, Supports and Services

Mental health specialist supports and services in Fife are many and varied. Staff teams work with people requiring support for a variety of mental health and/or psychological issues. These include psychiatrists, psychologists, nurses, Allied Health Professionals and therapists. Examples of the specialist teams, supports and services currently working in Fife are detailed in the section Access to Treatment and Joined-up Accessible Support and Services.

Access to Treatment and Joined-up Accessible Supports

and Services – What are we currently doing in Fife?

Primary Care and Mental Health

The Scottish Government has allocated additional funding to support the realisation of Action 15 of the National Mental Health Strategy (2017-2027):

Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP Practices, every police custody suite and to our prisons.²⁶

Over the next five years, increasing additional investment to £35m for 800 additional mental health workers nationally, in these key settings, sits within the Access to Treatment and Joined Up Accessible Services workstream of the National Mental Health Strategy. The funding is available from 1st April 2018 to 31st March 2022.

Fife's Health & Social Care Partnership (HSCP) portion of this commitment is to initially employ an additional 54 paid mental health workers who will be employed across a variety of services and projects.

The following initiatives have been, or are in the process of being, developed under Action 15 funding from the Scottish Government, to support those accessing primary care with mental health related issues.

Within GP Practices, we are introducing Mental Health Triage Nurses and Local Area Co-ordinators/Community Connectors. The nurses will provide first contact appointments in Primary Care for people seeking help with mental health-related issues. The Local Area Co-ordinators/Community Connectors will provide information to people of all ages to source and promote a range of community-based resources, including on-line, digital self-help tools to promote and support good mental health and wellbeing.

We have also invested funding into developing the Better than Well Service, which is a new model of care to provide assistance for people with a history of traumatic experiences who are experiencing mental health problems. People can either refer themselves or be referred by their GP. The service, which is run by the third sector in collaboration with staff from Fife's Psychology Service, offers a joined up and accessible way to meet a wide range of needs. The service has been evaluated and, based on its success in Kirkcaldy and Levenmouth, is being rolled out to other areas of Fife.

Both new projects will be funded for an initial period of 12 months, during which they will be closely monitored and evaluated to ensure objectives are being met. The Scottish Government has acknowledged that projects will evolve and develop over the years and may look quite different to those identified at the initial stage.

Unscheduled Care/Out of Hours

As part of the development of services under Action 15 funding from Scottish Government, the following projects are underway in Fife to reduce pressure on Out of Hours/Unscheduled Care Services, including Emergency Departments.

Unscheduled Care Assessment Team Psychological Intervention (UCAT-PI)

The Unscheduled Care Assessment Team is currently piloting access to time limited sessions with a mental health practitioner post UCAT assessment. These sessions are available to people assessed in crisis and referred onwards to the Community Mental Health Teams (CMHT) whilst waiting for their first appointment.

Peer Support Out of Hours/Community Café

We have developed, in collaboration with one of our partners in the third sector, a community café/peer support service. This is situated within an informal local community café, where advice and support are provided out with normal working hours. The cafe offers mental health support to people who are struggling with their mental wellbeing, in their own community. The service provides a safe space for people to discuss and explore mental wellbeing and increase their resilience.

Community Mental Health Teams (CMHTs)

Fife's CMHTs currently provide support for people with complex mental health needs where there are concerns regarding impairment as a consequence of diagnosed mental illness/disorder and/or the impact of trauma. The teams will support people where input from several mental health professionals is required (e.g. Psychiatrist, Occupational Therapist, Psychologist, Community Psychiatric Nurse), where there is diagnostic/conceptual uncertainty and where a diagnosis is likely to influence treatment or where there are concerns about risk.

CMHTs support people where other treatments may have been ineffective such as primary care based psychological approaches or medication. The teams work closely, as part of a multi-disciplinary approach, with the local community health and wellbeing hubs to help facilitate hospital discharges for adults with a mental ill health diagnosis.



Mental health occupational therapists are involved in the provision of psychological therapies to people of all ages which is evidence-based including behavioural activation, cognitive behavioural therapy and cognitive remediation therapy.

Specialist Mental Health Teams

Perinatal Mental Health

National clinical guidelines in maternal mental health (SIGN 127²⁷ and NICE CG192²⁸) recommend that women with severe mental illness, who require psychiatric admission late in pregnancy or within twelve months of childbirth, should be admitted to a specialist mother and baby unit (MBU), unless there are specific reasons for not doing so. Section 24 of the Mental Health (Care and Treatment) (Scotland) Act 2003 also sets out a duty on health boards to support mothers, who require hospital admission, to be admitted with their baby. There are currently two specialist inpatient MBUs in Scotland, located in Glasgow and in Livingston.

In Fife, women requiring support with their mental health and wellbeing either in the latter stages of pregnancy or after childbirth, can access support either through the liaison psychiatrist, via the maternity unit, or once back home, from their GP. Either the GP or Health Visitor can make a referral to the appropriate specialist mental health support service.

Eating Disorders

Eating disorders are psychological disorders that require specialist care due to the complex combination of both psychiatric and physical health problems.

Fife CAMHs established Scotland's first Intensive Therapy Service (ITS) in 2002. The ITS provides high levels of support and therapeutic intervention to young people who are experiencing severe and complex mental health issues, and their family and carers. The support is provided within community settings and is tailored with regards to intensity, frequency and therapeutic approach to meet the needs and clinical presentation of each individual young person.

Approximately 50% of the children and young people seen by the ITS have a diagnosable eating disorder. The service has developed a range of evidence-based interventions to be responsive to both physical and emotional needs, and provides therapeutic support to these children, young people and their families. Interventions include:

- Home meal support;
- Individual psychological interventions;
- Family based intervention, including Family Based Therapy (FBT) and systemic psychotherapy.

Fife Anorexia Nervosa Intensive Treatment Team (ANITT) provides intensive community-based support and treatment for adults with severe and/or enduring anorexia nervosa, who might otherwise require admission to hospital. The multi-disciplinary team provides medical monitoring, psychological therapy, nutritional input as well as mealtime and social support. In addition to the support provided by ANITT, individuals with an eating disorder can also receive support from the Adult Mental Health Psychology Service or the Nutrition and Clinical Dietetic Service.

Personality Disorder

Providing support for people with a diagnosed personality disorder and/or who are experiencing the negative impact of complex trauma is recognised as core business of the mental health and psychology services in Fife. There is ongoing work within the services across all departments to develop an integrated care pathway to improve the care experience for people with personality disorder/complex trauma. This work is informed by the Royal College of Psychiatrists in Scotland Report (CR214 2018).²⁹

Recognising that personality disorder is common, the service provides parity of esteem for people with this disorder. It is acknowledged that stigma is a reality in the lives of people with personality disorder (MWC 2018).³⁰ Providing a Fife wide service, diagnoses are made collaboratively with shared formulation. Using effective evidence-based therapy models, the service is committed to providing support in a recovery focused way, promoting empowerment and self-management.

Psychological Therapies

Psychological interventions are effective for common mental health problems. Fife's Psychological Therapy Service specialises in the delivery of evidence-based psychological assessment and interventions which meet the needs of varied populations. This includes working with individuals, families, groups, staff teams and organisations. The Service works alongside colleagues in multi-disciplinary teams to share psychological formulations and together, make sense of complex problems.

The Scottish Government continues to support NHS Boards to reduce waiting times for access to psychological therapies for all ages. Services are being developed to make it easier for people to access support, including the appointment of additional psychology staff in Older People's Services, Adult Mental Health Services, Children's Services and CAMHS.

New group programmes and classes have been developed to help people deal with stress, anxiety, low mood and depression, improving assertiveness and improving wellbeing. All of these have been tested and evaluated and found to be successful.

The Access Therapies Fife website (www.accesstherapiesfife.scot.nhs.uk) was launched in November 2018. Adults of all ages in Fife can refer themselves to the newly developed group programmes and classes or they can book an assessment appointment for a 10-week trans-diagnostic therapy group. All groups and classes are held Fife-wide. The website makes it easier for adults of all ages to find high-quality, self-help information and resources.



Fife's Psychology service has been actively involved with the Scottish Government's Mental Health Access Improvement Support Team (MHAIST) programme to support quality improvement work. Fife's online therapy programme, Beating the Blues, provides sessions of cognitive behavioural therapy (CBT) that people can access in their own home or local libraries. This service is now mainstreamed within Fife's Psychology Service and has received over 3,700 referrals since 2014.

The Primary Care Psychology Service for children and young people who are experiencing mild to moderate psychological difficulties, provides early intervention for children and young people up to 17 years of age and their families. The service offers a range of brief interventions/therapies including 1:1 and family-based CBT and parenting work. The Service is continuing to expand its range of group programmes to meet demand.

To support the delivery of evidence-based therapies for people, as part of a holistic approach to their needs, Fife's Adult Mental Health Psychology Service is a key partner in the multi-disciplinary approach to developing services for adults with complex needs, including the establishment of Community Mental Health Teams across Fife and a pathway for people with personality disorder/complex trauma, referred to previously.

Older Adult and Dementia Services

The Community Assessment and Support Team (CAST) is a Fife-wide service which provides an intensive, specialist needs assessment for people with dementia or other mental health issues in their own homes. This early intervention approach supports older people to remain at home for longer, connected to their communities. The input of the team often prevents the need for admission to hospital.

The Care Home Liaison (CHL) Team provides multi-disciplinary support to care homes across Fife, providing specialist mental health advice, support, treatment and specialist training for care home staff. Access to the CHL service has resulted in a reduction in hospital admissions and a reduction in the use of anti-psychotic medications.

The Early Onset Dementia Team supports people across Fife who are diagnosed with dementia at an early age. The team includes a Psychiatrist, Neurologist, Psychologist and Mental Health nurses.

The Dementia Post Diagnostic Support (DPDS) Team provides a Fife-wide service supporting people following a diagnosis of dementia. The team supports the commitments set out in the National Dementia Strategy and the Scottish Government's guarantee that all people diagnosed with dementia will receive one-year post diagnostic support.

Women's Justice Team Health Support

A Mental Health Liaison Nurse and Psychology Assistant have been employed as part of the Women's Justice Team, providing a multi-disciplinary approach to women who offend. This ensures appropriate interventions are implemented to enable women to adopt pro-social lifestyles and reduce or eliminate their pro-criminal activity; improve self-esteem, health and wellbeing, and through this, reduce re-offending.

Third Sector

It is widely recognised that third sector organisations are a key component in the Health & Social Care Partnership being able to deliver on its outcomes and it is of critical importance that we continue to work in partnership to drive progress. Support and services provided by our partners within the third sector are key to the successful implementation of this four-year strategy. Various forms of intervention, advice, information and support at the right time can prevent an individual's mental health condition or illness from escalating and requiring statutory services (health and social care). They can also enable timely discharge from hospital where additional support is required to facilitate this.

It is therefore essential we ensure that the functions of external organisations, working with us in partnership to support people with mental ill health and their carers, align with the development of a 'joined up' pathway for mental health supports and services, through our rebalancing care agenda. Resources must be targeted effectively to support people to access the right support at the right time; ensuring an even balance of access across all of Fife's localities.

There is currently a broad spectrum of support provided by the third sector across Fife to support individuals affected by mental ill health, many of which have been in place for several years. In order to ensure that supports align with the commitments of this strategy and remain focused on improving people's outcomes, building on their own personal strengths and assets, and those of their carers, we will as a matter of priority, work with our partners in the third sector to review and ensure that current services and supports meet the needs of people across Fife, both now and in the future.

Key Actions for Commitment 4: Access to Treatment and Joined-up Accessible Supports and Services

Primary Care and Mental Health and Unscheduled Care/Out of Hours

- We will continue to design, implement and evaluate supports and services that provide timely, accessible, efficient and effective responses to common mental health problems to reduce the pressure on GP resources across Fife.
- We will continue to provide supports and services that are proactive, pre-emptive and co-ordinated with people and their families/carers at the centre, using our resources as efficiently and effectively as possible and seek to decrease crisis presentations.
- We will establish a culture of anticipatory care planning within our community teams to promote and support self-management and enable best management of crises.
- We will work with partners in the third sector and Police Scotland to make available more community-based safe spaces for people experiencing mental health crises or who are under the influence of alcohol or drugs, to avoid the default use of Custody Suites or Emergency Departments where it is not appropriate for their care and support.
- We will ensure parity in healthcare for individuals attending Emergency Departments with a mental health related issue.

Specialist Mental Health Teams

- We will develop a Fife-wide care pathway for perinatal mental health assessment and referral to ensure the person receives care at the right level for their need and provide awareness sessions/training on infant mental health for all staff working with mothers and their babies.
- We will develop a range of flexible psychological therapy options for people of all ages who have less complex needs as well as continue to specifically raise awareness of the availability of psychological therapies amongst older adults.
- We will improve transition pathways between tiers of care, between age related support services and between statutory supports and third sector, ensuring they are as seamless as possible.
- We will review our specialist older adult/dementia services following Community Mental Health Teams (CMHTs) becoming embedded across all localities.
- We will undertake a full review of the services currently provided by our partners in the third sector, informed by this four-year strategy, to further develop innovative service solutions where

required. The focus will be the provision of asset based, person centred recovery and support to individuals and their carers, including young carers. This review will be completed by 30th September 2020.

Access to treatment and joined up supports and services – What will success look like?

- People presenting to specialist mental health services will have a clear pathway resulting in timely, positive experiences of using the service.
- Increasing numbers of people, across all ages, will access evidence-based psychological therapies that meet their needs and are delivered in a timely manner.
- A range of out of hours support with additional mental health workers located within key settings across Fife communities, will be established.
- Police Scotland, GPs, Emergency Departments and Custody Suites will see a reduction in demand for their services with improved outcomes for people accessing mental health services. (Action 15 National Mental Health Strategy).
- Support and services provided by our partners in the third sector will reflect the joint commitment to an asset based, person centred and recovery-based approach informed by national and local drivers for change.

Commitment 5: Technology Enabled Care

Telehealth and telecare technologies can radically transform the way health and social care for people of all ages is delivered. Deployed thoughtfully and appropriately as part of service redesign, telehealth and telecare can:

- support people to engage in and control their own health care, empowering them to manage their care in a way that is right for them;
- enable safer, effective and more personalised care and deliver better outcomes for the people who use health, housing, care and support services;
- help generate efficiencies and add value through more flexible use of our workforce capacity and skill mix;
- reducing wasteful processes, travel and minimising access delays.

Telehealth and telecare can be used to support the whole spectrum of long-term conditions and can be deployed in all sectors and across the breadth of care pathways; within the home, in primary and community care, in supported housing, hospitals and care homes and within our emergency care services. Access to these technologies and services should not be restricted by client grouping, point of care or health condition as they assist in a very wide range of health, care and support situations from early years through to end of life to develop potential areas for better self-management.³¹

It will only be adopted if our care systems adapt to embed it through service redesign and new ways of working.

Technology Enabled Care - What are we currently doing in Fife

- Access Therapies Fife website provides information to help people deal with mental health problems and to access a range of local services.
- We are currently developing a business case for an electronic system for all our community services which will replace MIDIS (Multi-disciplinary Information System) which is an electronic system mainly used by our Allied Health Professional teams. The proposed new Community System promotes mobile access which will allow staff to view appointments and record information on a mobile device, therefore recording their findings and case notes directly into the electronic record whilst in the individuals' home, eliminating the need for manual recording and subsequent transcription of notes in the community system. The electronic record will then provide an almost real time, up to date record of the situation and will be accessible to community staff from other professions participating in the individual's care.

Key Actions for Commitment 5: Technology Enabled Care

- We will optimise the use of digital and mobile technologies to enable people to self-manage their health, to enable monitoring, diagnostics, advice and access to enhance ongoing care and decision making, closer to home wherever possible.
- We need to build public and professional awareness and confidence in how technology can make a difference to the lives of individuals, and ensure it is reliable and easy for all to use.
- There will be “fit for purpose” systems for the seamless transfer of clinical information. This will improve communication between health and social care professionals and other partners and enhance the quality of care and experience for those who use our services.

Technology Enabled Care - What will success look like?

- People will be able to live with increased independence through a range of technology-based supports, in addition to improved self-management strategies and a range of appropriate accessible supports.
- The proposed new community system will provide an almost real time, up to date record of the individuals' situation and will be accessible to community staff from other professions participating in their care. This will prevent people having to repeat their story again and again if there are staff changes or to individual teams or services.

Commitment 6: Participation & Engagement

Fife's HSCP Participation & Engagement Strategy, co-written with public representatives, sets out the underpinning principles and engagement approaches which will enable the Integration Joint Board (IJB) to communicate in a person centred way whilst meeting the legislative requirements.³²

The Strategy:

- Ensures the HSCP has mechanisms to engage with a wide range of people at locality level;
- Provides a feedback mechanism to ensure the Partnership is sighted on public/community views;
- Provides a forum for members of the public who are committed to supporting the work of the Partnership;
- Raises the profile of an IJB which values the experience of people accessing services or supporting those who do
- Provides opportunities for collaborative working across sectors with an ability to build capacity for participation and engagement.

Gathering community views and knowledge

The aim is to ensure that individuals within communities can deliver their perspective on current and future service provision in a way that suits them.

Individual experience

This approach considers the value of the individual experience and how this can influence service changes and achieve positive outcomes.

Special interest groups

The users of specialist services have the knowledge and experience which will increasingly be used to enhance or redesign services and make changes when needed. We will use networks that are knowledgeable and have access to the right people for the particular topic.



Participation and Engagement – What are we currently doing in Fife?

- Individual experience is taken into account from feedback provided through complaints, compliments, questionnaires, etc.
- There is a well-established Mental Health Focus Group; the group is for people with lived experience (including their carers). This group acts as a reference group for the Mental Health Strategy Implementation Group (MHSIG) in Fife through participation and engagement activity.

Representatives of the Mental Health Focus Group sit on the Mental Health Strategy Implementation Group. Group members are able to feed issues that matter to them into the MHSIG, as well as taking direction from the MHSIG to develop and contribute to the mental health agenda in Fife.

To date, the Focus Group has helped to organise, participate in and feedback on consultations, been involved with discussions around the options for crisis care, supported the National See Me Campaign to challenge stigma and discrimination, have successfully influenced befriending support with selected voluntary organisations identified to develop befriending approaches across Fife and raised key issues through the MHSIG.

- A 'taking stock' event took place on 15 May 2018. The purpose of this event was to ensure that all stakeholders were informed of progress and to provide an opportunity to sense check priorities within a rapidly changing context. 173 people attended from across a variety of sectors including people who use services, carers, HSCP, NHS Fife, Fife Council and third sector partners.
- In line with Fife's HSCP Participation & Engagement Strategy, which sets out best practice principles for the way Fife engages with communities, a Communication and Engagement Plan has been developed. The Plan provides a framework detailing the process of informing, engaging and consulting on the refresh of the Fife Mental Health Strategy. Since December 2018, information has been sent to all key stakeholders, e.g., individuals, staff groups and partners to seek their views on current mental health service provision in Fife. A variety of methods were used to ensure we provided everyone with the opportunity to contribute. In total we received over 1,200 responses.

Key Actions for Commitment 6: Participation and Engagement

- We will develop and expand the membership of the Fife Mental Health Focus Group.
- We will strive to be as inclusive as possible in our reach and ensure that individuals or groups whose voices are not traditionally as strongly heard or represented are identified and involved.
- We will deliver a range of participation points to facilitate this.
- We will see the development of an independent hospital visitor role to evidence our commitment to transparent engagement and participation in ward settings thus maximising the influence of those who are in our care. We will listen to, respect and learn from each other.
- We will develop a 'keeping in touch' single page newsletter to regularly let everyone know of progress in mental health redesign.

Participation and Engagement – What will success look like?

- Increased membership of the Fife Mental Health Focus group, which will meet across all localities in Fife.
- Success will be achieved through a range of approaches and activities. This will be on a sliding scale of involvement that ranges from giving people information and asking them for their views, to a direct say in decisions and in some cases, control over future developments. All approaches will continue to be evaluated. Success will not just be involvement but meaningful engagement thus stronger relationships and a stronger culture.

Commitment 7: Rights, Information Use and Planning

A human rights-based approach is intrinsic to the commitments of our Strategy. This is being addressed through the PANEL principles: Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality.

Mental Health Legislation

The **Mental Health (Care and Treatment) (Scotland) Act 2003** introduced changes to develop community-based mental health services, to ensure active involvement of those accessing services and importantly unpaid carers in decisions concerning treatment. The legislation is underpinned by the principles of respect for the human rights of people with mental disorders.

We are governed by several other legislative requirements:

Social Care (Self Directed Support) (Scotland) Act 2013 gives people greater control over the provision of their care and support needs and enables them to take control (where appropriate) of their individual budget. The 2013 Act requires local authorities to offer people four options as to how they wish to manage their care and support arrangements.

Equality Act 2010 requires local authorities, health boards and service providers in the statutory, third and independent sectors not to discriminate based on protected characteristics and to make reasonable adjustments in certain situations.

Adult Support and Protection (Scotland) Act 2007 requires public bodies to work together to support and protect adults and decide whether someone is an adult at risk of harm. It includes measures to identify and protect individuals who fall into the category of 'adults at risk'.

Adults with Incapacity (Scotland) Act 2000 provides a framework for safeguarding the welfare and managing the finances of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability or a related condition, or an inability to communicate.

Children & Young Peoples (Scotland) Act 2014 places a number of requirements and duties on both services and professionals who work with children and young people for example to make provision about the rights of children and young people, to make provision about investigations by the Commissioner for Children and Young People in Scotland, to make provision for and about the provision of services and support for, or in relation to, children and young people, to make provision for an adoption register, to make provision about children's hearings, detention in secure accommodation and consultation on certain proposals in relation to schools and for connected purposes.

United National Convention of the Rights of the Child (UNCRC) (1989) is the basis of all

of UNICEF's work. The UNCRC came into effect in the UK in 1992. It is the most complete statement of children's rights ever produced and is the most widely-ratified international human rights treaty in history.

Patient Rights (Scotland) Act 2011 outlines the aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care. It also outlines how we meet our aspiration for an NHS which respects the rights of both patients and staff.

Rights, Information Use and Planning - What are we currently doing in Fife?

The Scottish Government's mental health, adult support and protection and incapacity laws will continue to provide the necessary protection to people who are affected by mental ill health.

In Fife we will continue to work within the legislation to ensure that a human rights-based approach is taken throughout the implementation of all commitments under this Strategy. The legislation will be reinforced within all induction, training and workforce development plans for staff, as appropriate.

Key Actions for Commitment 7: Rights, Information Use and Planning

- We will ensure our staff continue to practice and adhere to all human rights legislation.
- We will increase staff awareness of Children & Young People's Rights: UN Convention on the Rights of the Child (UNCRC).
- We will ensure all staff understand their responsibilities in relation to the principles underpinning the suite of adult protection legislation, namely Mental Health (Care and Treatment) (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000 and Adult Support and Protection (Scotland) Act 2007.

The Experience of Good Mental Health Service Delivery in Fife

Responses received from the public during our engagement (People's Panel Survey December 2018/January 2019)

Good information for self-treatment and advice for parents

Everyone concerned was very helpful and understanding. They made me feel relaxed and I felt able to speak freely about my issues

Information available and accessible. Interaction by telephone enabled me to discuss matters ... and obtain objective support

Fife CAMHS provided efficient and respectful therapeutic intervention

I had positive experiences in group sessions as being around people who suffer from less than healthy mental health it was easier to convey your thoughts and feelings. It made me feel more normal

Some services are better than others. This year I managed to rebuild my life – couldn't have done it without the help of professional support....

... is able to build their life again thanks to the support of CPN

Very supportive of my experience and feelings. I was not made to feel I was wasting their time or that I wasn't important

Timely appointment, effective treatment and nursing input - effective management from day hospital service

Able to talk easily and not judged. Raised my self-esteem and made me feel more positive.

Managing Risk

Any transformational change to services will carry a degree of risk. Whilst not all risks can be anticipated, we have identified areas which may contain a degree of risk as this Strategy is implemented.

Risk Title	Risk Description
Financial	The level of available resource is insufficient to meet the outcomes and commitments of the Strategy.
Staffing	The inability to recruit to vacant posts (registered nurses and medical staff) within Mental Health Services to current establishment levels and the requirement of the Nursing and Midwifery Workforce Review, thus impacting on service delivery, patient experience, continuity, staff morale and finance.
Hospital beds	Following redesign there are insufficient acute beds for people presenting with mental ill health that require admission to hospital.
Availability of information	Any follow up engagement reports a lack of knowledge and information about available services and support.
Lack of External Provision	Following redesign, a suitable mix of supports is unavailable outwith the statutory sector.
Communication	The Partnership fails to properly engage with all stakeholders.
Children's Services	There is a risk that pressure to prevent children and young people with non-acute mental health problems waiting more than 18 weeks for treatment will impact on the safety of young people with more severe mental health problems.

A Risk Log will be maintained to monitor risks as they arise as well as action taken as part of each implementation plan.

Management and Governance

Responsibility for Mental Health Services in Fife sits with the Health & Social Care Partnership's Integration Joint Board. Strategic and operational delivery for the services has been devolved to the Fife-wide Division Divisional General Manager.

Governance arrangements

System wide governance is co-ordinated by the Mental Health Strategy Implementation Group (MHSIG). The MHSIG reports on its work, and the work of those sub groups it oversees, to the HSCP Clinical & Care Governance Committee and ultimately to the Integration Joint Board of Fife's Health & Social Care Partnership.

The development and implementation of this Strategy will be overseen by the MHSIG with representatives from all professional leadership roles, people with lived experience of mental illness and from third sector organisations with a specific interest in mental health.

The remit of the MHSIG is:

- To set direction for Mental Health Services in the partnership, bringing in aspirations from Mental Health Strategies and other relevant local and national strategies;
- To maintain a strategic overview of all Mental Health activity and planning across Fife and make decisions in relation to priorities;
- To commission the establishment of Sub Groups to drive forward priority pieces of work;
- To monitor the Implementation Plan of the refreshed Fife Mental Health Strategy;
- To monitor the Performance Framework of the revised Fife Mental Health Strategy.

Finance

The most recent Scottish Government budget paper commits to increase direct investment in mental health services nationally by £27 million, taking overall funding for mental health services to £1.1 billion – this will include improving mental health services for young people and providing support in schools, colleges and universities. (Scottish Budget 2019/20 - Dec 2018).³³

Budgets to provide mental health support services across Fife are administered by NHS Fife and Fife Council on behalf of the Divisional General Manager (Fife wide), Fife Health and Social Care Partnership.

The budgets managed by NHS Fife cover, in the main, clinical costs which include staffing and clinical supplies associated with service delivery. The budgets do not include funds to provide and maintain estates and facilities. These are managed separately by the NHS Estates Directorate.

Budgets managed by Fife Council cover the cost of staff delivering services in a mental health capacity and for the purchase of support services from both the third and independent sector.

In addition, NHS Fife and the Health and Social Care Partnership oversee the funding allocated by the Scottish Government under Action 15 of the National Mental Health Strategy, to reduce the pressure on emergency/crisis services by funding increases in the workforce.

The table below provides detail of the budgets allocated to deliver mental health support services in Fife over the last 3 years.

		2016/17	2017/18	2018/19
NHS Fife	Staffing and Services	£37,949,785	£38,601,568	£40,494,000
	Scottish Government (Action 15)			£344,023
Fife Council (Health & Social Care)	Staffing	£877,154.00	£886,412.00	£919,726
	Payments to independent sector (support and services)	£5,080,411.00	£5,041,713.00	£5,030,114
	Payments to third sector (support and services)	£1,138,984	£1,138,984	£1,122,565
	Re-provision of services (Stratheden Hospital)	£330,000.00	£660,000.00	£661,798

A significant challenge as this Strategy is implemented will be meeting an increasing need for services and supports whilst continuing to manage available resources. Fife is committed to ensure that all available resources are used in the most effective and efficient way, ensuring our commitments are delivered within existing funds.

Appendix A

Implementation Plan (Example) (to be populated once agreed)

Progress Indicator	
Not started	
Complete	
On Target – the work is progressing as agreed and will be completed within the anticipated timescale.	
Some Slippage – some difficulties are beginning to emerge impacting on the pace of delivery resulting in some slippage in the timescale set.	
At Risk – the work is not progressing, and the set timescale will not be met.	

Prevention & Early Intervention				Commitment Owner: Clinical Service Manager for CAMHS		
<p>Commitment: We will reduce the waiting times for children and young people to access specialist services where this is required thus providing the right mental health support at the right time.</p>						
Action No.	Action	Action Owner	Update Due	Completion Date	Current Position	Progress Indicator
1.0	To improve the quality of referrals ensuring better signposting and appropriate referrals a SCI Gateway referral pathway for GPs to be developed.	E Adams			Further discussion to be held with e-Health and Local Medical Committee (LMC)	
2.0	To develop a range of group interventions for people accessing into Tier 3 services for those with intensive needs however don't meet priority or urgent criteria.	H Maddox			Proposal has been submitted.	

Strategic Context

The national policy context applies to and has informed this Strategy as detailed below. Where there is a local equivalent policy, strategy or action plan, this is summarised after the national overview.

National Mental Health Strategy 2017 to 2027 provides new opportunities for local areas to develop their own approaches, to innovate and to work across service boundaries to meet the needs of local population. This Strategy aims to make clear the scale of the ambition over 10 years, to focus national actions to support local delivery, to remove barriers to change, and to make sure that change happens.

Scottish Government's 2020 Vision for Health and Social Care Delivery (2011) emphasises integrated care and prevention, anticipation and supported self-management.

Health and Social Care Integration: The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the legislative requirements for health and social care integration. The overall aim is to improve the outcomes of people who use support and services by integrating health and social care in Scotland, underpinned by national health and wellbeing outcomes. By focusing on outcomes, integration aims to maximise the impact of opportunity to shift the focus of performance improvement onto the achievement of individual personal outcomes for those receiving support, and their carers.

National Health & Wellbeing Outcomes 2014 provides a strategic framework for improving the planning and delivery of integrated health and social care services. This suite of nine national health and wellbeing outcomes focus on improving the experiences and quality of services for people using integrated health and social care services, carers and their families. The national outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make for individuals.

Scottish Government Health and Social Care Delivery Plan 2016 sets out a programme to further enhance health and social care services. Working so the people of Scotland can live longer, healthier lives at home or in a homely setting and which reinforces the equal importance of mental and physical health and the need to address the underlying conditions that affect health.

National Dementia Strategy 2016 to 2019 sets out proposals for the key priorities relating to post diagnostic support, palliative and end of life care and supporting and challenging integrated joint boards in redesigning local dementia care systems now and for the future.

Fife Dementia Strategy 2010-2020 - aims to ensure that significant improvements are made to

services for people affected by dementia, and to ensure that in the future services have the capacity to cope with an increase in demand.

Fife Health & Social Care Strategic Plan 2019-2022 describes how the Fife Health and Social Care Partnership, an integrated partnership between Fife Council and NHS Fife, will develop health and social care services for adults to improve personal outcomes; provide care at home or in a homely setting; and, ultimately, enhance the experience of the people who use services and their carers.

NHS Fife Clinical Strategy: Transforming Healthcare in Fife - 2016 to 2021 outlines how healthcare in Fife will be developed and delivered in response to changing needs of a rising and ageing population.

NHS Fife Strategic Framework 2015-2020 outlines the vision and values we believe will enable us to continue to deliver good quality, person centred care and is based on that what matters to you matters to us.

Fife's Community Plan 2011 to 2020: aims to highlight the challenges facing Fife, both now and in the coming decade, to empower communities to respond to these challenges and sets out what the Fife Partnership's plans are to improve the wellbeing of people in Fife and to strengthen Fife's future.

Getting It Right For Every Child (GIRFEC) (2006) is the national approach to delivering children's services to improve outcomes for all children and young people. It underpins all other policies for children, young people and families. GIRFEC is important for everyone who works with children, young people and families, as well as those who work with adults who look after children. It provides the strategic policy framework supporting other key policies and guidance, including Curriculum for Excellence.

Mental Health Act (Care and Treatment) (Scotland) Act 2003 increased the rights and protection of people with mental illness, learning disability and personality disorder. It introduced changes to develop community-based mental health services, involvement of service users and unpaid carers in decision concerning treatment, and respect for the human rights of people with mental disorders.

Social Care (Self Directed Support) (Scotland) Act 2013 gives people greater control over the provision of their care and support needs and enables them to take as much control as they want of the individual budget. The Act requires local authorities to offer people four choices on how they can manage their care and support arrangements.

Equality Act 2010 requires local authorities and service providers in the statutory, third and independent sectors not to discriminate on the basis of protected characteristics and to make reasonable adjustments in certain situations.

Adult Support and Protection (Scotland) Act 2007 requires public bodies to work together to

support and protect adults and decide whether someone is an adult at risk of harm. It includes measures to identify and protect individuals who fall into the category of 'adults at risk'.

Adults with Incapacity (Scotland) Act 2000 provides a framework for safeguarding the welfare and managing the finance of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability or a related condition, or an inability to communicate.

Children & Young Peoples (Scotland) Act 2014 places a number of requirements and duties on both services and professionals who work with children and young people, to make provision about the rights of children and young people; to make provision about investigations by the Commissioner for Children and Young People in Scotland; to make provision for and about the provision of services and support for or in relation to children and young people; to make provision for an adoption register; to make provision about children's hearings, detention in secure accommodation and consultation on certain proposals in relation to schools; and for connected purposes.

United National Convention of the Rights of the Child (UNCRC) (1989): is the basis of all of UNICEF's work. It is the most complete statement of children's rights ever produced and is the most widely-ratified international human rights treaty in history.

Patient Rights (Scotland) Act 2011 outlines the aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care. It also outlines how we meet our aspiration for an NHS which respects the rights of both patients and staff.

Fife Health & Social Care Equality Plan / NHS Fife Equality Plan 2016 to 2021 outlines Fife's NHS and HSCP's commitments to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all functions and services.

Mental Welfare Commission protects and promotes the human rights of people with mental health problems, learning disabilities, dementia and related conditions. They do this by empowering individuals and their carers, by influencing and challenging service providers and policy makers.

Care Inspectorate regulates care services in Scotland. Care services cannot operate unless they are registered with them. They inspect and evaluate the quality of care delivery. They support improvement in individual services and across the social care sector.

Our Minds Matter: A framework to support children and young people's emotional wellbeing in Fife 2017 aims to give focus to services for children and young people to clarify who is involved in this support, what it looks like at different levels and to encourage integration and sharing of approaches.

Children & Young People’s Mental Health Taskforce Delivery Plan (December 2018): aim is that children, young people and their families should know that they will be supported in good mental health and will be able to access help for mental health problems which is local, responsive and evidence-based.

Scotland's Suicide Prevention Action Plan: Every Life Matters 2018 sets out how it will continue the work of Suicide Prevention Strategy 2013 to 2016, which aimed to improve engagement with people in distress, to change the way we talk about suicide in Scotland, and to support improvements in how the NHS responds to people who are experiencing suicidal thoughts and ideation.

The Road to Recovery: A new Approach to tackling Scotland’s Drug Problem: Refreshed 2018 focuses on recovery through, for example, prevention, treatment and rehabilitation, education, enforcement and protection of children.

Rights, Respect and Recovery Scotland’s Strategy 2018 to improve health by preventing and reducing alcohol and drug use, harm and related deaths.

Changing Scotland’s Relationship with Alcohol: A Framework for Action: Refreshed 2018 sets out the next phase of the Scottish Governments Alcohol Strategy in tackling alcohol misuse in Scotland, to reduce consumption; to support families and communities; to encourage positive attitudes and positive choices; and to improve treatment and support services.

Scottish Government The keys to life 2019-2021: Improving quality of life for people affected by learning disabilities.

The Scottish Strategy for Autism: outcomes and Priorities 2018-2021 outlines our commitment to improving the lives of autistic people in Scotland.

Scottish Government: Health & Social Care Standards, My support, my life (2018) sets out what citizens should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The Community Empowerment (Scotland) Act 2015 details the provisions of the act which are spread over eleven parts, covering different areas relating to community empowerment and public participation in policy and planning.

Scottish Government Chief Executive Letter CEL 4 (2010) provides guidance on Informing, Engaging and Consulting People developing Health & Community Care Services and to assist NHS Boards with their engagement with patients, the public and stakeholders on the delivery of local healthcare services.

Fife HSCP Participation & Engagement Strategy 2016 to 2019 outlines the principles which will underpin the participation and engagement approach and working practices for the Health and Social Care Partnership in Fife.

National Carers (Scotland) Act 2016 gives carers rights to a new adult carer support plan or young carer statement without first requiring them to be providing care on a substantial and regular basis. This reflects a **preventative approach** to identify each carer's personal outcomes and needs for support through meaningful conversations with individual carers. This preventative approach is also reflected in the requirement to provide **information and advice** services to carers.

Fife Carers Strategy 2018 to 2021 outlines the commitments Fife will make to improve support for carers as well as helping carers to become more self-sufficient in helping themselves. It summarises key factors which will help carers to make positive choices about their caring role to live fulfilling lives alongside their caring role for as long as they want to.

Getting it Right for Young Carers in Fife Strategy 2018-2021 reflects the partnership work of all Children's Services, working together to support young carers in Fife. The strategy reflects the views, hopes and aspirations of young carers in Fife and gives them an opportunity to shape and influence how they are supported and how services are delivered to them.

Fife Advocacy Strategy 2018 to 2021 explains how we will provide independent advocacy services in Fife and continue to improve awareness of, and access to, services to ensure the best outcomes for people who are unable to speak for themselves.

Justice in Scotland: Vision & Priorities (2017): setting out Scottish Government's plan for a just, safe and resilient Scotland, with established priorities for 2017 to 2020.

Pulling together: transforming urgent care for the people of Scotland (2015): an evaluation report on the effectiveness of the delivery of primary care out of hours services in Scotland.

A National Telehealth and Telecare Delivery Plan for Scotland 2015: sets out the vital contribution that telehealth and telecare will make to implement key health, care and housing strategies in Scotland.

eHealth Strategy for Scotland 2011 to 2017: reinforces our move towards a focus on benefits and outcomes experienced by professionals in helping them to re-design and improve services, and the citizens of Scotland who benefit from those improvements.

Scottish Government Active and Independent Living Programme (ALIP) Strategy 2016 to 2020: Allied Health Professionals co-creating wellbeing with the people of Scotland. The Active and Independent living programme in Scotland.

Scottish Government Allied Health Professional (AHP) Strategy 2017 to 2020: Connecting People, Connecting Support Transforming the allied health professionals' contribution to supporting people living with dementia in Scotland.

Fife Council Housing Strategy 2015-2020 provides the strategic direction to tackle housing need and demand and to inform the future investment in housing and related services across Fife.

Appendix C

Performance Framework (to be populated once agreed)

Our Performance Framework identifies the key indicators which will evidence, in conjunction with the actions identified in the individual implementation plans, performance against our Mental Health Strategic Commitments.

Prevention and Early Intervention

Shifting the Balance of Care

Workforce

Access to Treatment and joined up Accessible Supports & Services

Technology Enabled Care

Participation & Engagement

Rights, Information Use and Planning

Equality Impact Assessment

Part 1: Background and information

Title of proposal	Mental Health Strategy for Fife (2020-2024)
Brief description of proposal (including intended outcomes & purpose)	This proposal is to provide an update on the refreshed Mental Health Strategy for Fife which provides a strategic framework within which people of all ages, who have mental ill health, will be able to access services and supports. The services and supports that people can access will be available in various formats and from a range of sectors.
Lead Directorate / Service / Partnership	Health and Social Care
EqlA lead person	Suzanne McGuinness, Service Manager (Fife wide)
EqlA contributors	Alison Morrison, Change Manager (Fife wide) Julie O'Neill, Business Manager (Fife wide) Consider all relevant stakeholders, including people internal and / or external to the organisation
Date of EqlA	25/03/19

How does the proposal meet one or more of the general duties under the Equality Act 2010? (Consider proportionality and relevance on p.12 and see p.13 for more information on what the general duties mean). If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?)

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	A key commitment within the Strategy is to challenge and eliminate discrimination and advance equality of opportunity to ensure people affected by mental ill health can live in their community in the same way as people not so affected by mental ill health.
Advancing equality of opportunity	The new Mental Health Strategy for Fife aims to ensure an equitable balance in relation to the geographical location of mental health supports and services. The developments in their entirety seek to advance the equality of opportunity for all people affected by mental ill health.
Fostering good relations	The Strategy refresh has been undertaken in partnership

	with key stakeholders through adopting an outcomes focused approach. Prior to final approval, the draft Strategy has been subject to scrutiny and consultation with people with lived experience, families, carers, members of the public, NHS Fife and HSCP staff and Police Scotland in addition to external organisations.
Socio-economic disadvantage	One of the Strategy commitments is to ensure that Health and Social Care will work closely with all of our partners to ensure mental health related supports and services are accessible to all.
Inequalities of outcome	As above.

Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the policy change is on any of the protected characteristics

Protected characteristic	Positive impact	Negative impact	No impact
Disabled people	People affected by mental ill health are provided with equitable and streamlined services targeted to the right people at the right time. The services will be provided irrespective of protected characteristics whilst recognising that mental illness is considered to be a disability.		
Sexual orientation			
Women			
Men			
Transgendered people			
Race (includes gypsy travellers)			
Age (including older people aged 60+)	The commitments of this Strategy are fully inclusive for people of all ages.		
Children and young people	The commitments of this Strategy are fully inclusive for people of all ages.		
Religion or belief			
Pregnancy & maternity			
Marriage & civil partnership			

Please also consider the impact of the policy change in relation to:

	Positive impact	Negative impact	No impact
Looked after children and care leavers			
Privacy (e.g. information security & data protection)			
Economy	The commitment of this refreshed Strategy is to reshape mental health related services and supports within current budget.		

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
1. Survey of current mental health related support services	People's Panel, general public, H & SCP staff, NHS Fife staff, Police Scotland (Fife), Fife Council staff, Mental Health Focus Group
2. Staff team feedback	H & SCP staff, NHS staff, external partners – voluntary sector providers
3. National Mental Health Strategy 2017-2027	Scottish Government
Evidence gaps	Planned action to address evidence gaps
1.	
2.	
3.	

Part 3: Recommendations and Sign Off

Recommendation	Lead person	Timescale
1. To approve the implementation of the refreshed Mental Health Strategy for Fife 2020-2024. A sample implementation plan is included in the draft Strategy document. Full implementation plans will be completed and progress monitored for each commitment following strategy approval.	Suzanne McGuinness	2020-2024
2.		
3.		
4.		
5.		

Sign off

(By signing off the EqlA, you are agreeing that the EqlA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice and the recommendations are proportionate.

Date completed: 25th March 2019	Date sent to Equalities Unit: Enquiry.equalities@fife.gov.uk
Senior Officer: Name: Suzanne McGuinness	Designation: Service Manager

FOR EQUALITIES UNIT ONLY

EqlA Ref No.	EqlA/662/19/H&SC
Date checked and initials	26/03/19 ZR

Equality Impact Assessment Summary Report

(to be attached as an Appendix to the committee report or for consideration by any other partnership forum, board or advisory group as appropriate)

Which Committee report does this IA relate to (specify meeting date)? Clinical and Care Governance – 29 th March 2019 Clinical Governance - 29th March 2019 Integration Joint Board – to be confirmed
What are the main impacts on equality? The impacts on equality are positive in relation to refreshing the Mental Health Strategy for Fife. The Strategy promotes equitable access to supports and services for people of all ages and abilities. Reshaped services will be accessible to everyone irrespective of protected characteristic whilst recognising that mental illness is considered a form of disability.
In relation to a strategic decision, how will inequalities of outcome caused by economic disadvantage be reduced? By reshaping the current provision in line with the Strategy commitment, services and supports will be accessible to all.
What are the main recommendations to enhance or mitigate the impacts identified? Recommend that the reshaping of mental health services in Fife, in line with the refreshed Strategy is supported by all.
If there are no equality impacts on any of the protected characteristics, please explain.
Further information is available from: Name / position / contact details: Suzanne McGuinness/Service Manager Fife Wide/ 03451 555555 443010

One of the following statements must be included in the “Impact Assessment” section of any committee report. Attach as an appendix the completed EqlA Summary form to the report – not required for option (a).

- (a) An EqlA has not been completed and is not necessary for the following reasons: (please write in brief description)
- (b) The general duties section of the impact assessment and the summary form has been completed – the summary form is attached to the report.
- (c) An EqlA and summary form have been completed – the summary form is attached to the report.

Appendix E

Glossary

Delivering Differently	A partnership project that envisions “people with mental health problems in Fife can easily access appropriate support as and when they are ready to make the journey (back) into work”.
Single Health & Work Gateway	The Single Health and Work Gateway is a 2-year trial of a new access channel and enhanced and aligned core health and work services. This will act as a single point of contact for health and work support for people in Fife and Dundee, as well as employers, healthcare professionals and Job Centre Plus. It will allow people with health issues or disability who are struggling to stay at work or recently unemployed, to get fast access to support.
Employ Your Minds	Employ your mind is an innovative vocational rehabilitation project aimed at developing the employability skills in patients and outpatients of Fife mental health services.
Individual Placement Support Service (IPS)	The IPS employment model is internationally recognised as the most effective way to support people with mental health problems and/or addictions to gain and keep paid employment.
Adverse Childhood Experiences (ACES)	Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including <ul style="list-style-type: none"> • domestic violence; • parental abandonment through separation or divorce; • a parent with a mental health condition; • being the victim of abuse (physical, sexual and/or emotional); • being the victim of neglect (physical and emotional); • a member of the household being in prison; • growing up in a household in which there are adults experiencing alcohol and drug use problems.
Personal & Social Education (PSE)	Personal and Social Education (PSE), the term used to deliver health and wellbeing (HWB) education in schools. Learning in HWB/PSE is designed to ensure that children and young people develop the knowledge and understanding, skills, resilience, capabilities and attributes which they need for mental, emotional, social and physical wellbeing.
The ‘Wells’	This initiative aims to connect with local communities, developing community capacity and resilience, providing information on health and social care, allowing people to speak to the right people at an earlier stage.

National Physical Activity Pathway (NPAP)	The National Physical Activity Pathway (NPAP) is a set of steps a healthcare professional can take to encourage the people in their care to be more active. It targets adults who are inactive or not active enough to benefit their health and can be used in any face to face conversation between you and the person in your care.
Good Conversation Training	It is an asset-based approach as it asks important questions about hope and expectation, coping and resilience, the person's own knowledge, what the person is already doing that is helping them move towards where they want to be and using this information to make decisions and plan support/treatment.
CAMILLE	CAMILLE Principles for Workers to Empower Families where there is a Mentally Ill Parent.

Appendix F

Ref No	Document	Page No
1	World Health Organisation	5
2	Commission on the Future Delivery of Public Services 2011	9
3	NHS Scotland Mental Health Briefing November 2017	23
4	Mental Health Foundation: Fundamental Facts about Mental Health 2018	6, 23
5	Audit Scotland: Children & Young Peoples Mental Health 2018	25
6, 8, 10	NHS Scotland- Good Mental for All 2016	29, 32, 32
7	Fife's Community Plan 2011-2020	31
9, 11, 12, 17, 26	National Mental Health Strategy 2017-2027	32, 32, 34, 36, 55
13	Scottish Government: 'Choose Life' National Suicide Strategy	34
14	Scottish Government: Suicide Prevention Strategy 2016-2016	34
15, 18, 19	Scottish Government Suicide Prevention Action Plan 'Every Life Matters' 2018	34, 40, 43
16	Passport to Health	35
20	Prejudice, discrimination and social exclusion: reducing the barriers to recovery for people diagnosed with mental health problems in the UK (Perkins, R and Repper, J) 2013	15, 48
21	Mental Health Foundation Scotland, University of Edinburgh Academy of Government, Healthcare Improvement Scotland: Mental Health in the Workplace: Seminar Report February 2019	49
22	National Institute of Clinical Excellence (NICE) – Public Health Guideline PH22 - Mental Wellbeing and Work	49
23	National Education for Scotland (NES) Knowledge and Skills Framework	51
24	Decider Training	51
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